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CHILDREN OF WAR: VICTIMS OF CONFLICT AND DISLOCATION

HEARING

BEFORE THE

SUBCOMMITTEE ON
CHILDREN, FAMILY, DRUGS AND ALCOHOLISM

OF THE

COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

ONE HUNDRED FIRST CONGRESS

SECOND SESSION

ON

EXAMINING THE EFFECTS OF WAR AND DISLOCATION UPON CHILDREN

APRIL 3, 1990

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CHILDREN OF WAR: VICTIMS OF CONFLICT AND DISLOCATION

TUESDAY, APRIL 3, 1990

U.S. SENATE,
SUBCOMMITTEE ON CHILDREN, FAMILY,
DRUGS AND ALCOHOLISM
OF THE COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC

The subcommittee met, pursuant to notice, at 9:15 a.m., in room SD-430, Dirksen Senate Office Building, Senator Christopher J. Dodd (chairman of the subcommittee) presiding.

Present: Senators Dodd, Mikulski, Simon, and Kassebaum.

OPENING STATEMENT OF SENATOR DODD

Senator DODD. The subcommittee will come to order.

First of all let me express my apologies for getting in late, with the heavy traffic getting in this morning. I appreciate my colleague from New Jersey and our other witnesses for having some patience.

Before starting the hearing this morning, I want to welcome all of you here to the Subcommittee on Children, Family, Drugs and Alcoholism. This morning we are examining the effects of war and dislocation upon children, and I hope all of you will have a moment at least to take some time to take a look at the pictures around the room. They give some indication of the kinds of difficulties that children face.

At any rate, most of us don't often connect war with children, and we are wrong not to. Unfortunately, the association between children and armed conflict has dramatically risen throughout the world with tragic and profound results.

Let me begin by describing two children and asking all of us to fill in the details. First, picture an 8-year-old girl in a refugee camp. She may be malnourished, and perhaps she has been marred by shrapnel and an anti-personnel mine. Her parents are not in sight. Maybe they are lost or preoccupied elsewhere. There is a sense of chronic fear in her eyes.

Second, imagine a 14-year-old boy wearing a bandoleer supporting an AK-47. He has a kerchief around his neck and belongs to some army whose name includes the word "liberation." There is a smile on his face, but it is neither happy nor naive. He has got the look of someone not to tangle with.

Where in your mind do you place these children? For me, it's Central America. I have seen these kids in Nicaragua, Honduras,

and El Salvador. But I am certain that others of you have seen these same children elsewhere: the Thai-Cambodian border, Ethiopia, Afghanistan, Pakistan, Somalia, Lebanon or the Sudan.

In the Middle East the original kids are now 50 years old, and then there are places we only read about, like Mozambique, where the reality for children may be worse than what our imaginations could ever produce. Their backgrounds are diverse, and their locales are distant, but their dilemmas are the same.

The tragedy and the truth of modern war is that children have become its main victims. The combatants get off easy. Soldiers can at least defend themselves or run away. Women and children, however, are usually caught in the middle. Indeed in Cambodia and Ethiopia and the Sudan they are among the intended targets or are de facto hostages. We have no way of knowing how many such children there are. We only know that there are many millions of them.

Of the estimated 15 million refugees worldwide, 80 percent are women and children. To these add the so-called internally displaced, those who flee war and destruction but who stay within a national border. Technically they don't count as refugees because they haven't left their own countries. But relief officials figure that 180,000 such displaced children died in 1988 alone because of the civil war in Sudan. Over and above the known refugees there are about 500,000 internally displaced in El Salvador, over 1 million in Mozambique and 2 million in Afghanistan.

What is also of deep concern is how many of these war refugee situations have become semi-institutionalized. The stalemates in the Middle East, Southeast Asia, Afghanistan, the Horn of Africa, are producing generations of children who know nothing of a normal childhood. The graduates of these schools of deprivation and dislocation are becoming adults and even leaders. When we despair at the rationality in these regions of chronic strife, we in part are witnessing the direct effects of growing amidst chaos, danger, and disruption.

And there are parallels in nonrefugee settings such as Belfast or even Washington, DC A child needs stability, security, and additional educational stimuli no matter what the culture. Deprive a child of these essentials, and the harm to normal development is often lifelong. With children we need to remember that time and timing are critical. Help delayed may be help too late.

We will focus today on what these children experience and what consequences occur. Whether they are in Central America or Lebanon is not the question. Their needs and predicaments are common. Two days from now the Senate Foreign Relations Committee will hold a hearing on the status of the world's children. What we learn about children today will certainly help us better approach the policy and programmatic issues on Thursday.

The U.N. Convention on the Rights of the Child, for instance, has been presented to the present administration. This measure would recognize that children have basic, simple rights to protection, health care, and a homeland. It is imperative, in my view, that the administration support this convention and work with the Senate to ensure its ratification.

I also urge the President to accept Secretary General Perez de Cuellar's call for a U.N. World Summit for Children. The growing needs and the dire circumstances of children are not new, but its recognition has been belated.

In this regard we are very fortunate to have among us this morning witnesses who speak with unique experience and insight. With their help, we will reach a far better understanding of these children and how they can best be helped, not simply out of charity but for social self-preservation.

I thank every one of you for participating.

Without objection, we will have included in the record a prepared statement submitted by Senator Kennedy.

[The prepared statement of Senator Kennedy follows:]

PREPARED STATEMENT OF SENATOR KENNEDY

Senator KENNEDY. I commend Senator Dodd for holding this hearing and calling attention to the United Nations Convention on the Rights of the Child. The tragic stories being presented today by experts and by children themselves demonstrate the compelling case for swift action by the United States on the U.N. Convention.

America should be in the forefront of the protection of the world's children. We must take a stand against the abuse of children through child labor. We must take a stand against their sexual exploitation through pornography and prostitution. We must take a stand against torture of children and of all humans everywhere. And, as today's hearing makes disturbingly clear, we must take a stand to protect children from the horror of armed conflict across the globe.

There is no excuse for the United States to delay in becoming a full party to the Convention. We must not repeat the mistakes of the past, when our inaction has prevented the United States from fully supporting Conventions against genocide and torture. Our failure to implement these conventions has damaged our moral standing among nations and hindered our efforts to pressure other governments to respect human rights and obey the rule of law.

We now have an opportunity to take an early and strong stand in favor of this important convention. I urge the President to complete his review of the U.N. Convention on the Rights of the Child and make America a party to it without delay.

Senator DODD. Senator Mikulski?

OPENING STATEMENT OF SENATOR MIKULSKI

Senator MIKULSKI. Thank you, Mr. Chairman. Like you I am eager to hear the witnesses. And I would like to thank you for convening this hearing, as you have been an advocate for children here and around the world.

Mr. Chairman, as both a congresswoman and a United States Senator, I have had the chance to visit with children in refugee camps. I have been to Shatila and Sabra. I have been to the Honduran border and seen the conflict of Central America. I have been with other congresswomen, too, with the children in the Sakaeo refugee camp where we talked with the children of "the Killing Fields."

Mr. Chairman, I would like to just share a quick story with you because at Sakaeo, more than a decade ago, in a village or house run for unaccompanied children, I sat next to a little girl and asked her what I could do for her, and she said, "Take me with you." I told her I couldn't do it that day, but I would find a way.

Mr. Chairman, I then left that camp, but all I had was a picture taken by one of our congressional staffs and a little piece of paper that said "Kim Beu." I sent that picture to Joe Curtin of Catholic Relief Agency. He helped me find that little girl. He helped get her to my route, and 18 months later she was on a plane coming to the United States of America where through, again, the Cambodian Heritage Society here, a dedicated State Department official, and Catholic Charities in Baltimore, we found a Cambodian-American foster home for her.

I thought I was going to be a mother one day, and it would have been okay with me. But though that little girl lost her blood mother, I wanted her to have her heritage.

Mr. Chairman, one Sunday Joe Curtin from Catholic Relief, who saved the lives of thousands, was with me in my neighborhood in Fels Point with my niece Kim, where we drank a toast to Joe, he had never seen what happened to her in 10 or 11 years, we drank a toast to Joe for saving the thousands, and we sat there with her, her husband. She's a high school graduate. She is taking extra courses in English at Prince George's Community College. She wants to open her own business, and she was there with her "Aunt Barb."

Mr. Chairman, not every story has a happy ending. And we drank our toast to Joe, we drank a toast to those he saved and a toast to those that were left behind. Not every story has such a happy ending.

Mr. Chairman, I know today we are going to listen to the stories about the children and their own countries, where children are tortured in Iraq, prostituted in the Philippines, enslaved in India—many our own allies. And, Mr. Chairman, I thank you for your advocacy and for all who will come forward today to testify for their story. Perhaps this can be a new beginning to protect the children.

[The prepared statement of Senator Mikulski follows:]

PREPARED STATEMENT OF SENATOR MIKULSKI

Senator MIKULSKI. Children are our most important resource. Everybody says that. They are the measure of our success. And yet throughout the world they are the most at risk, the most vulnerable, the first to suffer and in many instances, the first to die.

Children are the first victims of famine, disease and war. In this world in 1990, 78 thousand children will die every day from a lack of basic necessities—food, shelter, basic health care.

One hundred million children are homeless. Seventy percent of the world's refugees are children. In Ethiopia, children starve. In Sao Paulo, Brazil, 80% of the prisoners are kids stealing to survive. Children are tortured in Iraq, prostituted in the Philippines and enslaved in India.

Societies' major problems are compounded by mistreatment of children. And it is worst in poor societies that can least afford further deterioration.

We will hear terrible examples today of children of war. Like in Mozambique, where kids of all ages are kidnapped, brainwashed, and forced to fight. By 14, some have killed dozens. Imagine the psychological damage being done to these children—and we must never lose sight of the fact that despite all they've seen and done, they are still children.

When nations go mad, whether it is Cambodia or Romania, the children suffer the most. enough is enough.

I do not want to be too self-righteous, however, about other countries around the world, We have terrible problems right here in our own country.

Of the class that will graduate in the year 2000, one in four children will be poor, one child in six has no health insurance, and 25% of that class maty not graduate at all.

The numbers I have mentioned are shocking. Many of you have heard them before. But what we must never forget, and what our witnesses today will tell us, is that behind every number there is a child. And behind every child there is another child. And behind that child there is still another child. We need to open our doors up. While walls are coming down around the world, let's use our strength and our sense to open the doors to hope for the greatest yet most innocent casualties of war—the children.

Senator DODD. Thank you very much, Senator Mikulski. We should have at the outset recognized your significant contribution over the years to these issues.

We are joined by another colleague who has also been a tremendous ally both here at home and abroad when it comes to children and children's issues. We are pleased to have with us this morning Senator Bill Bradley, who has been deeply involved, I might add, as well, with the U.N. Convention.

We appreciate your presence here, Bill.

STATEMENTS OF HON. BILL BRADLEY, A U.S. SENATOR FROM NEW JERSEY; AND LIV ULLMANN, GOODWILL AMBASSADOR, UNICEF, INTERNATIONAL RESCUE COMMITTEE

Senator BRADLEY. Thank you very much, Mr. Chairman, for giving me the opportunity to be here and the opportunity to appear with Liv Ullmann on the impact of war on children.

As you know, Liv is UNICEF's Goodwill Ambassador for the Convention of the Rights of the Child, and she is also the first member of the National Advisory Committee on the Rights of the Child, which was recently established to promote public awareness of the Convention. And while this hearing is not about the Convention per se and I understand that, there is a direct connection between the effect of war on children and the Convention. War is perhaps the single strongest example of how children are not just the victims of poverty or malnutrition or disease or ignorance but also the victims of short-sighted government policies and misguided priorities.

It would be bad enough if the casualties of war were just limited to combatants. But, unfortunately, civilian populations, and especially children, have always been subject to what is euphemistically referred to as "collateral damage," which doesn't quite get the picture of a child being destroyed by shrapnel.

Perhaps even worse, all too often children are combatants, usually coerced into fighting for something they couldn't even begin to understand.

As parents, as people, nothing can seem more wrong than to see news footage of 10-year-olds carrying weapons into combat, whether that is in Central America or in Asia or in Africa.

The Convention on the Rights of the Child, adopted unanimously by the U.N. on November 20 last year, will not stop wars, although perhaps if governments placed a higher priority on children rather than on national aggrandizement, as the Convention urges, it would help to stop wars. But if it becomes international law, it will set a floor on the age of combatants. That floor, 15 years of age, is too low for my liking. But some floor is better than none, and I hope the United States will lead the way in implementing the Convention.

War, of course, also affects children in many other ways that are addressed by the Convention. Wars in Afghanistan, Central America, and Africa have displaced enormous populations. Governments often deny all responsibility for refugees, whether they have fled or into a country's domain. They deny that they exist. As a result, some children are even denied the right to a name and a nationality.

Now, Mr. Chairman, this is one of the first rights enshrined into the Convention. Your hearing will undoubtedly highlight for Congress and for the administration and, I would hope, for the American people the many other ways in which children are victims of war. I can think of no mission that is more important than this one, for we must realize that if we want a better world for our children, we are going to have make a better world for all children. Maybe one day governments around the world will finally get it right.

Mr. Chairman, I thank you for letting me express some of these thoughts briefly and for appearing here today before the committee, and I know you will continue the work.

Senator DODD. Thank you very much, Senator. Thank you for that.

We are interested in trying to get, we have asked the Administration, as you know, to include a review of that Convention as soon as possible. The September date becomes important. We would like to have it ratified by September. They are telling us that they can respond within the next few weeks, and as soon as they give us a response, we hope a favorable one, then our intention would be to move the adoption, the ratification of the Convention, in the committee and then to the floor. So we are optimistic that we will be signatory, a formal signatory to that Convention.

Senator BRADLEY. Well, Mr. Chairman, as you know, there are 60 countries that have already signed the Convention, and the Administration is under executive review of the Convention. Both you and I have introduced S. Res. 231, calling on the President to expe-

dite that review. I hope that they will expedite it. There are now 27 Senators who have cosponsored the resolution, and I expect more will be coming in the following weeks.

I am told right now that the Administration is expected to have all comments from Labor, Education, Defense, Justice, and HHS back to the State Department by April 15 or 20. And so hopefully shortly after that the Administration will arrive at a position of support for the Convention and send it up here where I know your leadership, both on Foreign Relations and here, will be instrumental in moving it to the floor where I would look forward to joining you in strong support of the Convention.

Senator DODD. I appreciate that, and we will work together as we do on so many things.

When I went over the materials last evening, and in fact in coming in this morning I called in on the way in in the car and said there's one statistic that I read last night that can't be right, and I said I don't want to use it unless you reconfirm it but that in 1988 in Angola and Mozambique more children died there than died in Nagasaki and Hiroshima and that one in three of those children are under the age of five, as a result of the conflict I was stunned.

It's just hard to accept the notion. We think of the horror of Nagasaki and Hiroshima, and to imagine that in one year the amount of children that died exceeded the number of people who died in those two blasts just seems incomprehensible to me. But I am told this morning that that statistic is in fact absolutely accurate and that we're losing a thousand a day in Ethiopia as a result of deprivation of one kind or another.

So you can go on and list and list, but I don't think people in this country fully appreciate what is occurring to children as a result of these things.

Senator BRADLEY. Well, Mr. Chairman, those numbers are shocking.

Senator DODD. Yes.

Senator BRADLEY. And anyone who hears those numbers would be shocked. I know it is your hope and it is mine and I think it is Liv Ullmann's and I think it is Senator Mikulski's to make sure that those numbers pervade a consciousness so that action is taken to prevent them from being duplicated in the years ahead by other shocking numbers.

Senator DODD. Yes.

Senator BRADLEY. Thank you.

Senator DODD. Senator Mikulski, do you have any questions for Senator Bradley?

Senator MIKULSKI. No.

Senator DODD. Bill, we thank you for being with us.

We are joined as well this morning by a person who is well known, of course, to many of us for her artistic work, but who has been a tireless worker for numerous years.

I think I first met you involved with these issues about seven or eight years ago when I had either just come to the Senate or was just leaving the House of Representatives. On behalf of everyone in the Senate of the United States, certainly of this committee and, I know, many, many Americans, we want to thank you for your ef-

forts on behalf of children and refugees throughout the world. You are the Goodwill Ambassador for UNICEF, and we are hopeful this morning, Liv, you will give us an overview of the plight of refugee children.

We are honored to have you before the committee. We are pleased that you are here in Washington to once again bear witness and give evidence of the problems that so many millions of people face across this globe. We are more than happy to receive your testimony.

Ms. ULLMANN. Thank you, Mr. Chairman. I am very happy for this opportunity. I am here really as a mother and as a woman, and I remember very well when we met. It was actually 10 years ago, and it was in the first year of my really seeing deprivation of children in our world.

I am here today not only as a representative for UNICEF but also as a representative for the International Rescue Committee, who deals only with refugee children, women, and men.

Senator Dodd, you had a terrible statistic. I have another one for you, which is actually even worse because every day in our world from neglect, from preventable diseases, from war, 40,000 children die every day. That is actually every other second, that's now and now and now. And I believe that we as human beings are described and defined by these facts.

As Senator Mikulski, whom I enjoyed meeting in Baltimore, also many years ago, you mentioned prostitute children, and there are many kinds of war and very often we don't think of the terrible wars that will exist in the streets where children are homeless, uprooted, not belonging, displaced.

I met one of those prostitute girls in the Philippines, as you mentioned. She had just been brought in from the streets. She was now in an orphanage. She was 9 years old and had been a prostitute for 3 years. And the children in this orphanage were singing for us and dancing and everything. And this little girl had a polkadot dress, and I looked specifically at her because of this polkadot dress and because of the free way she had when she sang.

Afterwards I went over to her and, you know, expressed how beautiful her dress was and her singing was, and she was just completely herself. And they explained to me that her background was this of a prostitute and they couldn't make her talk, but she would sing.

I was looking at this child with the polkadot dress, three years as a prostitute, where the only care she had was a mama-san or papa-san who sent her out in the streets and when she had done her sexual services, when she came back home to these terrible criminals, her reward was more sexual services with mama-san or papa-san.

I looked at this girl of 9 years old, with the polkadot dress, and it's a child, it's a child in front of me. She is one of the children that the U.N. Convention on the Rights of the Child is meant to protect, and that is why this Convention must not be another document lying in a drawer gathering dust, it mustn't be something that people discuss over and discuss over and nothing happens.

If nothing happens, then we have to ask ourself why didn't this Convention come into life and into practice?

Many, many years ago, in Somalia, I watched a little boy—I thought he was a baby—being weighed in a refugee camp. I heard he was 4 years old. But he couldn't stand, he was so weak; and his little behind was, you know, wrinkly, like an old man. And he couldn't even cry, he didn't have the strength. It was just these raspy sounds. And there wasn't much life left in him, and obviously in a couple of days he would slip out of history, nameless, unknown to us as he had been before.

This little child is one of the many that, hopefully, world leaders from all over the world will gather and discuss and protect at the summit, world summit in September.

It is unique in the history of man, I think, that world leaders for once come together and talk for and about children, talk for and about little ones who are not voters, who are not going to give the world leaders anything but dignity, who really are not going to give the world leaders anything.

But maybe 10 years from now, when their own children ask them, "What did you do with your power at that time, when 40,000 children were dying every day," they can say, "Well, at least we met in New York and we talked and we came to some solutions."

Little ones close together in a desert in the Sahara, the deserts are close and cold at winter. Drought camps, not refugee camps, but camps for drought-affected people, where little children lie like spoons just to get heat from another malnourished little body.

Or a mother standing in front of a water hole in this same drought-affected area, because this summit is also going to talk about not only the child but the woman, the mother, because the life of the child starts with the mother. And this mother is standing there with her little baby in front of a water hole, and she has been told the water is polluted, you mustn't give your baby this, and the baby is dying of thirst in her arms and people are told that probably hopefully very soon a water tank is coming. And she just couldn't wait. She had two choices: either to let her baby, her child die of thirst in her arms, or to give the child polluted water. And I watched her make her choice. And she bowed down and she took up brown, muddy, polluted water and led it to her baby's mouth.

To be deprived, Senator Dodd, as you know, is to have no choice at all.

I was in Thailand for the first time in a refugee camp 10 years ago and met children who could tell of watching their parents being murdered in front of them. A year ago I came back, hoping that the circumstances were better. In the same camp I had been at the border 10 years ago, they were still shelling. The night before we came, four people were killed. Two little boys were in this makeshift kind of hospital, lying on a table, very severely affected by the shelling, one of them with his whole stomach outside in a bag, and the other one probably not going to survive. This is also children of war, children completely unprotected in a refugee camp.

Every child has an individual remarkable story of suffering, and also of incredible hope and trust and belief in us as grown-ups, even these children who have watched such cruelty. One little girl from Cambodia was even saying, when asked, "Do you wish revenge," and she said, "Yes." And then she was asked, "But do you

know what revenge means?" And she said, "Yes, it means to make the best of my life." These are the kind of children we are here to protect.

I just came from Nepal, and I brought with me and I would like to leave with you pictures of a little Tibetan boy. His parents had come with him to Nepal, and he is now a street child because the parents are dead. And I visited with the Queen of Nepal, and since I am not talking here for UNICEF and I don't need to be diplomatic but I am talking as a mother and as a woman, I would like to quote her, because the Queen of Nepal, who as you know has a lot of power in this one-party Government of Nepal.

She said that she on her travels had now understood that all these vaccination efforts, they were really the cause of overpopulation, and she felt that wasn't right or good for her country, that so many lives were saved. So she wasn't sure anymore that she could encourage UNICEF and UNICEF's work for immunization.

Now, I think when world leaders are meeting, I think it is very important that maybe even the Queen of Nepal would come and repeat such questions and, hopefully, be able to get some feedback from colleagues in other countries. Or, if Nepal, as she said and she believed, actually the prime minister, who is no more the prime minister but he was three days ago when we spoke with him, he said they were going to sign the Convention on the Rights of the Child. Of course, then the Queen wouldn't have the power anymore to reflect on stopping immunization to cut down on population in her country.

Finally, I was in Hong Kong also a month ago with the Women's Commission for Refugee Children and Women and IRC, and that is another crime happening right there. And I also brought, and I hope that you will have time to look through it, information on refugees who no longer have refugee status. As you know, in Hong Kong they are not considered refugees anymore, for obscure reasons. They are now living in detention centers, and they are treated like criminals, as murderers. And I have brought with me the rules of the camps in which they live. I have also brought with me my report from this camp, and I would like to submit that to you.

Senator DODD. We will make them both a part of the record today.

Ms. ULLMANN. Thank you.

[Due to the high cost of printing, the documents referred to are retained in the files of the subcommittee.]

Ms. ULLMANN. I just can give you finally an observation on what these rules in the camp are. You are not allowed to give birth in the camp if you are a refugee from Vietnam who has ended up in Hong Kong in a concentration camp there. One month before you give birth you are sent to the prison, and you have to await your birth there, and then you are sent to a prison hospital.

And one woman, she started to give birth in the camp. She hadn't followed the rules, and she started to give birth too early. And because the rules said that this was forbidden, the woman was taken. The child, the boy was already halfway out. And she was taken on a stretcher, and her thighs were tied very closely together, and it took one and a half hours to bring her to the hospital.

And of course, by the time she came there this child was suffocated.

Now, the right of this child, of course, would have been protected by the Convention and the government. And Mrs. Thatcher's government would also then have had to answer to this, I believe.

A little boy, finally, from this detention camp in Hong Kong wrote one little poem. He is 16 years old, and I would like to read these little words. He is a boat refugee from Vietnam. Cindi Cheng is his name, age 16.

"I am sorrow. Who will listen to my feelings? Who will listen to my useless lands? After the war, my skin had been damaged. There are craters in my body. Although I was sad, sorry, and suffering, who will listen to my feelings? I am sad, sorry, and suffering. Who will know my feelings? I am not sad about my harmed body, I am sorrow because of the people who can't use me rightly. Who will know my feelings?"

Senator Dodd, I am here because I hope you will help us to know his feelings. Thank you.

Senator DODD. Thank you very, very much for, once again, very, very compelling testimony.

One of the things I was struck by as I was listening to you is that this is not a new cause or a new issue for you. As you point out, it was 10 years ago when we first met and you were beginning your activities in this area. And while we are all very hopeful about the Convention and the summit and that we may finally get some concerted effort to deal with the staggering statistics which we are all too well aware of, what has happened over the last 10 years? This isn't the first time you have spoken before a governmental body. You have traveled the world, you have spoken to prime ministers and kings and queens and members of parliaments, other governments. You have told this story on countless occasions. What sort of reaction do you get from people, from heads of State and others when you talk about these particular situations and concerns, and why haven't we had more action, in your view?

Ms. ULLMANN. Well, you know, there have been some miraculous actions, actually, and if it hadn't concerned little poor children it would have probably been headlined in the newspapers.

Senator DODD. Yes.

Ms. ULLMANN. Because talking with heads of State like UNICEF's leader, Jim Grant has been doing over the years and really inspired them to understand, for example, the importance of immunization, in the 10 years where I have been with UNICEF I have seen that by talking to heads of State and governments and making them understand, for example, the importance of such an issue, one has gone from terrible statistic, which is 20 percent of the children in 1980 in the world were reached by immunization, today, 10 years after, almost 90 percent of the children in the world are reached by immunization.

And you know, this is, I think, as powerful as man's first step on the moon. And we are not talking about, unfortunately, the so-called developed world, because in certain areas there that statistic is going downwards. Less children are being reached by certain forms of health care. We are talking about developing countries,

and many of them have a record that surpasses many of the developed countries.

Senator DODD. Yes. I presume some of our colleagues are going to say to Senator Bradley and I as we move along with this Convention, I suspect they're going to say, "Well, what really is going to get done here? Isn't this just a nice thing, a lot of countries sign a document; you have a big meeting in New York, people come and arrive; there are some cocktail parties, dinners, and you have meetings during the day, and people get up and cite terrible statistics. And then at the end of a week or so people pack their bags and go home and they have all attended a wonderful summit on children? What specifically, Senator, or Senators, is going to come out of this? What specific things are going to occur as a result of us signing yet another Convention or document here to focus on children?"

What can we say to them? What sort of specific things would you identify that are just clear, concrete results? As you pointed out in your statement, this doesn't become yet another nice document sitting on a shelf somewhere collecting dust, but rather some concrete action occurs as a result of this Convention that would reduce in some way the 40,000 a day that die?

Ms. ULLMANN. I am not a politician and I will leave it to Mr. Bradley to talk about that.

Senator DODD. Well, he's not a politician either, he will tell you that. [Laughter.]

But I have to say as a person I think maybe this could be a Convention also where there could be another kind of language, where the people can maybe scrap some of the cocktail parties and maybe bring with you the face of your own child and put that instead of the face of the children you are talking about. Maybe a new ethical way of thinking—and it is very difficult because I know we leave these rooms and we go for lunch and there are other things—but somehow if this world is going to point in a new direction, I do believe we need a new ethical way of thinking.

You know, the old Indians in this country, they would never, never make a really important decision without taking the seventh generation into consideration. And I think there has come something in these rich and wonderful times where all the decision are only for the next board meeting and, you know, on a time schedule and all this.

Maybe this summit, maybe you are the people to say, "This summit, we want to talk differently and we don't want to come with our prepared statements and we are not going to have our cocktail parties. We are going to talk about this as if it really was our own children and as if our own children were sitting there listening and trying to understand our language. And they would know whether we meant what we were there for or not."

Senator BRADLEY. Mr. Chairman, just to briefly intervene, when you sign the Convention you agree to be monitored, and there is a monitoring process as to your progress concerning your promises to children in your own country. So this will not be simply signing a convention and leaving, but it is a commitment that will be measured and that will be monitored, and it will become a kind of report card, I believe, that will be a report card not on the compari-

son of children in the United States to children in Sudan, but it will be a comparison between children in the United States the day you sign the Convention and children in the United States every successive year. And we will be able to measure our progress in the eyes of the world.

Senator DODD. That in itself can be of tremendous assistance. We are trying to get something like that started even in the absence of the Convention here, so we have a benchmark on how children are faring in things like infant mortality and sufficient education.

Let me turn to Senator Mikulski for questions she may have.

Senator MIKULSKI. Mr. Chairman, I won't keep our witnesses. I want to once again thank them for their eloquence.

I think an important thing that we as Members of the U.S. Senate have to realize about the many children is that the plight of the children that have been talked about around the world are also the plight of our own children here. There are 500,000 children, Mr. Chairman, who are homeless in this country. They are refugees within their own country. They have no home, and they have in some ways very little protection within their own home.

Later on there is wonderful testimony about children refugees, what does it mean to a child in the long run to lose their childhood, to become adults. Go to a drug zone in Baltimore and you will see that. What does it mean for children to lose forever their parents? And I could go on.

I know that there are many people who want to testify, and we need to hear that, and I think Senator Bradley's comment about monitoring, you know, we have to practice what we preach in our society. We have to make our values our public policy, and very often what we explicitly State as our values about children we deny in our public policy.

Most of our foreign aid is in military assistance. Hey, what does that do for anybody?

Thank you, Mr. Chairman.

Senator MIKULSKI. Thank you, Ms. Ullmann, and I am going to have to eventually in a little while go to my own hearing. For those who will be testifying and for those work in behalf of children—Ms. Ullmann and her own work, other professionals and so on—I would really like to thank them for what they do day to day, whether it's in the camps or back here. When I talked about my niece Kim, that would not happened, that would not have been possible, had there not been dedicated people working for Catholic Relief, dedicated people working for the U.N. High Commissioner on Refugees, dedicated people working for IRC, and dedicated people back here working for Associated Catholic Charities. And we need to back them.

Senator DODD. Thank you very much.

And again, our thanks to both of you. We take this very, very seriously. Senator Bradley has made it a priority issue for himself. I certainly have. And Senator Mikulski sits on the Subcommittee on Foreign Operations of the Appropriations Committee; she is far more important than either Senator Bradley and I are when it comes down to putting money up when it involves children.

But you have our commitment. This is not just another piece of testimony that you have given and just another hearing that has

been held nor just another convention that is going to occur. I think you are absolutely correct, I think a community, a family is defined by how it treats its young. Certainly a community is. Nations are.

I have this reoccurring nightmare that 100 years from now historians are going to sit around and be talking about my generation and are going to be asking the very simple question: "What did you do?"

You know, ignorance is a perfect excuse. Really the ignorant person can be excused for not knowing what's happening. But to be aware of what is happening and not do anything is totally inexcusable, and I worry that our generation is going to face a dreadful indictment by history if we don't come to terms with it. So if for no other reason than to avoid the kind of conclusions, historical conclusions about our generation, we should move forward. There are obviously more important reasons: for these lives that are being lost.

But I commit to you today we are not going to waste this opportunity or have it just become yet another document that sits on a shelf, as I said a moment ago, collecting dust somewhere.

So we thank you very, very much once again. And continue that wonderful work. It makes a difference.

Ms. ULLMANN. Thank you.

Senator DODD. Thank you very much.

Thank you, Senator, as well.

Senator DODD. We next have a panel: Dr. Michael Toole, International Health Programs Office of the Centers for Disease Control, and assistant professor at Emory University, accompanied by Roseanne Murphy; Angela Berry-Koch, nutrition advisor, United Nations High Commissioner on Refugees from Geneva, Switzerland; John Williamson, assistant program director of the Christian Children's Fund in Virginia; and Neil Boothby, psychologist, professor of Policy Studies, Duke University.

Duke University, what happened to Duke University? [Laughter.]

Mr. BOOTHBY. We don't talk about that.

Senator DODD. We don't talk about that? OK. [Laughter.]

We thank you all for coming.

Let me make a statement on behalf of Angela Berry-Koch, if I may. That is that the UNHCR normally requests that the chairman announce that UNHCR is testifying in a technical capacity and cannot comment upon U.S. Government policy. That statement having been made for the record, we are going to ask you all sorts of political questions when we get to you. [Laughter.]

We are very grateful to all four of you for being with us today to testify on this issue. I will ask you to try to keep your comments, your formal comments, down to about 5 minutes or so, 5 or 6 minutes, so we can get to questions and discussion. But I will make the statement now that your testimony and the testimony of all witnesses will be included in full in the congressional hearing record. So don't be concerned about abbreviating your remarks in your oral presentation. Everything that you submit to us will be included in the record.

We will begin with you, Dr. Toole. Again we thank you for being with us here today as part of this hearing.

STATEMENTS OF DR. MICHAEL TOOLE, INTERNATIONAL HEALTH PROGRAMS OFFICE, CENTER FOR DISEASE CONTROL, AND ASSISTANT PROFESSOR OF PUBLIC HEALTH, EMORY UNIVERSITY, ACCOMPANIED BY ROSEANNE MURPHY; ANGELA BERRY-KOCH, NUTRITION ADVISOR, UNITED NATIONS HIGH COMMISSIONER ON REFUGEES, GENEVA, SWITZERLAND; JOHN WILLIAMSON, ASSISTANT PROGRAM DIRECTOR, CHRISTIAN CHILDREN'S FUND, VIRGINIA; NEIL BOOTHBY, PSYCHOLOGIST, PROFESSOR, POLICY STUDIES, DUKE UNIVERSITY

Dr. TOOLE. Thank you, Mr. Chairman. I thank you again for the opportunity to testify before this subcommittee today on the subject of the health consequences on children of war in the world today. I am a medical graduate from Melbourne, Australia, and since 1973 have worked in various developing countries with large displaced and refugee populations, including Thailand, Somalia, Sudan, Ethiopia, and Mozambique. For the past four years I have worked with the Centers for Disease Control in Atlanta.

Now, the CDC has responded during the past 25 years to many requests for assistance in relief efforts for populations displaced by war. Starting with the relief program for the victims of the Biafra war in Nigeria, CDC has provided assistance with health and nutrition assessment, epidemiological surveillance and public health program implementation in countries ranging from Thailand, Somalia, Lebanon, Mozambique, Pakistan, Honduras, various parts of Sudan, Malawi, and Ethiopia.

My testimony today concerns only the health consequences of children of acute population displacement rather than the direct trauma inflicted by war. These increasingly common movements of civilian populations are often associated with quite unusually high mortality, which in turn has been associated in our experience with unusually high malnutrition rates. Children under 5 in these populations have proved to be most at risk of death.

As has been pointed out, there are already at this time 14 million refugees who have crossed international borders, in need of assistance, in the world today. In addition, an estimated 16 million have been abruptly displaced from their homes and have fled to other, more secure regions within their own countries.

Now, within these internally displaced populations, it has been our experience that mortality rates have been the highest. Of the combined total of 30 million refugees and displaced persons, approximately 20 percent are children less than five years of age; between 45 and 50 percent are less than 15 years of age. Thus, we have today between 13 and 15 million children currently displaced from their homes by war. Almost all of these are in underdeveloped nations.

The health risks and the magnitude of death rates in internally displaced populations are unique. During 1988, for example, CDC epidemiologists determined that death rates recorded in some of the camps for internally displaced in southern Sudan are among the highest ever reported for civilian camp populations. For example, in July 1988 the crude mortality rate in one camp, El Miram, was recorded as 120 per 1,000 population per month. Now, this compares with the already high crude mortality rate for the coun-

try of Sudan in the normal population of 2 per 1,000 per month. Thus, in this displaced population, death rates were 60 times that of normal, and if those rates had continued, the entire population of course would have died within several months.

In one particularly well-recorded period of time between June and September 1988, of the 3,600 deaths that occurred in a camp with a population of 24,000, 67 percent were in children less than 15 years of age.

CDC analysis of nutritional data from these same populations indicates that the most likely underlying cause of death in most cases was protein energy malnutrition. Surveys in nondisplaced children in Africa indicate an acute malnutrition prevalence rate in children under five of between 3 and 5 percent. In the displaced populations I have referred to, this prevalence rate was between 20 and 70 percent.

Other displaced populations with unusually high mortality rates have included Ethiopians displaced by a combination of famine and war in 1985, and Mozambicans since 1983.

Now, once refugees actually cross international borders and reach the relative safe haven of camps in neighboring countries, we have at CDC continued to record adverse effects of displacement. Severe crowding, inadequate food, shelter, water and sanitation in some of these camps have led to unusually high death rates. For example, we have already heard of the very high rate in Thailand in the Sakaeo camp in 1979. Those high death rates in fact dropped remarkably after the first month of a very successful and effective relief operation. However, in the Horn of Africa, for example, in Somalia in 1980, in eastern Sudan in 1985, death rates were between 18 and 45 times greater than the death rates recorded in the surrounding nonrefugee populations.

Death rates in children less than five years of age, according to CDC surveys in Sudan and Somalia, were eight times higher than death rates among persons 15 years of age and older. During 1985, to continue the example in eastern Sudan, 9 percent of the Tigrayan refugee population died in the camps in the first 12 months. Based on the age structure of that population, between 10,000 and 15,000 children died in the camps that year.

Most of these deaths were preventable. Underlying cause was most likely malnutrition. Nutrition surveys performed by the UNHCR in those camps recorded malnutrition prevalence rates ranging between 20 and 50 percent during the first four months of 1985. In one camp alone, Wadkoli, more than 2,000 children died of measles, a preventable disease, between March and May 1985.

In addition to protein energy malnutrition, rare micronutrient deficiency diseases have been recorded in refugee populations. One example is scurvy, caused by vitamin C deficiency. This disease had not been reported in civilian populations since the First World War. Since 1982, at least four outbreaks of scurvy caused by insufficient vitamin C in refugee rations have been recorded and confirmed by CDC epidemiologists.

In summary, the magnitude of loss of life, especially among children, associated with acute population displacements is unusual and enormous compared even with the relatively high mortality

experienced by children in the developing world during so-called normal times.

In addition, in my opinion, the international relief response could be improved based on knowledge gained during the past decade. Several examples do exist of effective refugee programs; for example, among the Mozambican refugee population in Malawi where death rates were not particularly high. The primary causes of death in refugee populations have been reliably identified, as have the key interventions required to overcome them. A more widespread understanding of the unique health risks to which refugee and displaced children are exposed would likely lead to more effective interventions.

An institutional memory seems to be backing in refugee health. Standardizing lessons learned and effective approaches would be useful. Relief programs unfortunately are too often designed according to resource availability and may not meet the basic minimal standards long proven to be necessary to sustain human life.

It is disappointing that in the most recent large refugee relief program in eastern Ethiopia that malnutrition rates remained unusually high, over 20 percent, at least eight months after the refugee relief program was launched. The refugee burden of the world continues to increase every year, and if high death rates are to be avoided, a strong commitment by the international community to provide timely, adequate, and technically sound assistance is urgently needed.

This completes my testimony, Mr. Chairman. I shall be happy to answer any questions later that you may have.

[The prepared statement of Dr. Toole follows:]

PREPARED STATEMENT OF MICHAEL TOOLE

INTRODUCTION

I thank you for the opportunity to testify before this Subcommittee today on the subject of the health consequences on children of war in the world today. My name is Michael J. Toole. I am a medical graduate of Monash University in Melbourne, Australia. Since 1973, I have worked mainly in various developing countries with large displaced or refugee populations, including Thailand (8 years), Somalia (2 years), Sudan, Ethiopia, Mozambique, and several other countries. Most of my work has involved the provision of health care to refugee and displaced populations. For the past four years, I have been working as a medical epidemiologist for the Centers for Disease Control, Atlanta, Georgia.

During the past 25 years, the Centers for Disease Control (CDC) has responded to many requests for assistance in relief efforts for populations displaced by war. Starting with the international relief program for victims of the Biafra War in Nigeria, CDC has provided assistance with health and nutrition assessment, epidemiologic surveillance, and public health program implementation in a variety of countries. These have included Thailand (Cambodian refugees, 1979-81); Somalia (Ethiopian refugees, 1980-86, and internally displaced persons, 1988); Lebanon (1982); Mozambique (displaced persons, 1983); Pakistan (Afghan refugees, 1984-1990); Honduras (Salvadoran refugees, 1984); eastern Sudan (Ethiopian refugees, 1985); Malawi (Mozambican refugees, 1988); southern Sudan (internally displaced, 1988); and Ethiopia (Somali refugees, 1989). In each of these situations, the affected populations had been dislocated by armed conflict.

My testimony today concerns only the health consequences on children of acute population displacement, rather than the direct trauma inflicted by war itself. CDC has not been granted access to actual zones of conflict; the only relief agency which operates routinely in war zones is the International Committee of the Red Cross. In most cases, the data that I will present today have been collected directly by CDC personnel. In others, the data originate from agencies with which CDC regularly collaborates. Only data collected using standard techniques promoted by CDC are being presented today.

THE PROBLEM OF DISPLACED AND REFUGEE POPULATIONS

There are 14 million refugees in need of assistance in the world today; of these, more than 7 million are totally dependent on external relief for all their basic needs, including food, water, shelter, and health care. These are people who have fled from war, civil violence, or political persecution. Currently, there are more than half a million refugees in each of the following countries: Pakistan, Iran, Ethiopia, Sudan, Malawi, and Somalia. By definition, a refugee is an individual who has crossed from one country to another.

In addition to these 14 million refugees, an estimated 16 million people have been abruptly displaced from their homes and have fled to other, more secure regions within their own countries. These "internally" displaced persons usually do not qualify for international assistance. With no access to relief and without the legal rights accorded refugees by international law, these people are frequently in a particularly desperate situation. At least 1 million people are estimated to be internally displaced in each of the following countries: Ethiopia, Mozambique, Sudan, and Afghanistan.

Of the combined total of 30 million refugees and displaced persons, approximately 20% are children less than 5 years of age, and between 45% and 50% are less than 15 years old. Thus, between 13.5 and 15 million children are currently displaced from their homes by war. Most are in Africa, Southeast Asia, the Middle East, and Central America. Those who have crossed borders have fled to impoverished neighboring countries which are struggling to support their indigenous populations. Thus, the quality of care provided to refugees depends almost totally upon the concern of the international community and the effectiveness of international relief agencies.

ADVERSE HEALTH CONSEQUENCES OF POPULATION DISPLACEMENTS

The refugee experience can be divided into five distinct stages: the stage of armed conflict, internal displacement, the actual flight to the country of asylum, the stay in refugee camps in the host country, and finally, the stage of durable solutions (i.e. repatriation, local settlement, and third country resettlement). The adverse consequences on the health of refugees have been the most serious during the first four stages. Little documentation exists on the first stage beyond overall death counts. The second stage has likewise been poorly documented because access by relief workers to internally displaced populations has been severly restricted by the political and security situation in areas where the displaced are situated. Those data that have been collected indicate that the plight of the internally displaced is very serious.

For example, during 1988, several million people were displaced by the war in southern Sudan and located in various camps in the South Darfur and South Kordofan provinces of Sudan. CDC epidemiologists determined that death rates recorded in some of these camps were among the highest ever reported for

civilian camp populations. In July 1988, for example, the crude mortality rate in the El Meiram camp was 120/1000 population/month. During September, the crude mortality rates in the Babanusa, El Meiram, Abyei, and Muglad camps ranged from 30/1000/month to 90/1000/month. If death rates had continued at this level, the entire population would have died within several months. By comparison, the crude mortality rate reported in normal times for Sudan by UNICEF is 1.8/1000/month. Thus, death rates among the displaced were up to 60 times greater than those of non-displaced Sudanese. It is most likely, therefore, that more than 150,000 children died in southern Sudan during 1988 as a result of their displacement by war.

CDC analysis of nutritional data from these same populations indicate that the most likely underlying cause of death in most cases was protein-energy malnutrition. Nutrition surveys performed in nine displaced persons camps in southern Sudan between June and October 1988 showed that between 20% and 70% of children under the age of five years were acutely malnourished (defined as having a documented weight-for-height of less than 80% of the median reference population). Surveys of non-displaced children in various African countries conducted during non-famine times indicate that the normal prevalence rate of acute malnutrition is between 3% and 5%. CDC analysis of data from 42 refugee and displaced persons camps in African and Asia have demonstrated a direct association between the prevalence rate of malnutrition in children under five years and the crude mortality rate. Although malnutrition is the underlying problem, the final event before death is usually a common communicable disease such as measles, diarrhea, pneumonia, meningitis, or hepatitis. Each of these diseases was reported as a common cause of death among the southern Sudanese in 1988.

Other displaced populations with high mortality rates have included Ethiopians displaced by a combination of famine and war in Korem in 1985 and Mozambicans in Gaza province in 1983 (70/1000/month and 8/1000/month, respectively). Malnutrition rates in these two situations ranged between 20% and 70%.

The actual flight to refuge in a neighboring country is often long and dangerous. Apart from the well-known terrors of piracy, rape, and murder to which the Vietnamese boat people were exposed, less visible dangers have led to high death rates among newly-arrived refugees. Both the Hmong tribespeople of Laos in 1976 and the Cambodians fleeing the Khmer Rouge in 1979 passed through areas hyperendemic for malaria on their route to freedom in Thailand. As a result, the death rate in the Sakaeo camp in eastern Thailand in October 1979 was 10/1000 (more than 10 times the death rate for the surrounding Thai population). Most deaths resulted from malaria or malnutrition. In another situation, refugees from the Ethiopian province of Tigray walked up to 30 days to reach the camps of eastern Sudan, with insufficient food to sustain them on the long journey. Upon arrival in Sudan, malnutrition prevalence rates of up to 30% were recorded in the camps.

Once refugees reach the relative safe haven of camps in neighboring countries, the adverse effects of displacement continue. The severe crowding, inadequate food, shelter, water, and sanitation in camps during the emergency phase has led to high death rates in some situations. During the emergency phase of the relief programs for Ethiopian refugees in Somalia in 1980 and for Ethiopian refugees in Sudan in 1985, death rates were between 18 and 45 times greater than the death rates found in the surrounding non-refugee populations. Death rates among children less than 5 years of age in Sudanese camps were almost 8 times higher

than death rates among persons 15 years of age and older. During 1985, 9 percent of the Tigrayan refugee population died in the camps of eastern Sudan. Based on the age structure of that population, between 10,000 and 15,000 children died in the camps that year. Most of these deaths were preventable. For example, in one camp alone, Wad Kowli, more than 2,000 children died of measles (a disease preventable by vaccination) between March and May 1985. Most other deaths in children were due to diarrhea, malaria, and pneumonia; the underlying cause, however, was most likely malnutrition.

Nutrition surveys performed by CDC staff in the camps of eastern Sudan documented malnutrition prevalance rates ranging between 20 percent and 50 percent during the first 4 months of 1985. Death rates remained unusually high in these camps during the first 8 months of the relief program. Likewise, in Somalia in 1980, CDC staff observed malnutrition rates among Ethiopian refugees which remained high for 6 to 8 months after the initial influx of refugees. In one camp, Las Dhure, the malnutrition rate deteriorated between 2 and 3 months after the camp opened. In addition to protein-energy malnutrition, severe micronutrient deficiency diseases have been reported frequently among refugee populations during the past decade. The most recurrent of these problems is scurvy, a disease rarely seen since the First World War. This crippling condition is caused by a lack of Vitamin C in the rations provided to refugees, in particular those in Africa. Recent reports indicate that pellagra, a condition caused by niacin deficiency, is affecting large numbers of refugees in camps in southern Africa (Malawi, Zimbabwe). Iron deficiency anemia among women refugees in the Horn of Africa has probably contributed to high maternal mortality rates in these camps.

Although epidemics of cholera, meningitis, hepatitis, and relapsing fever have occurred in refugee camps, they have not contributed overall to the high mortality rates in these populations. Most deaths have been caused by preventable conditions: malnutrition, measles, diarrhea, malaria, and pneumonia. The child in a refugee camp faces extremely serious health risks which result from the often inadequate provision of basic needs. Primary among these basic needs is food. If malnutrition could be avoided, most deaths from childhood communicable diseases such as measles and diarrhea would be prevented. In addition, the provision of adequate clean water and sanitation, timely measles immunization, simple treatment of dehydration from diarrhea, supplementary feeding for the malnourished, micronutrient supplements, and the establishment of an adequate surveillance system would greatly reduce the health risks of refugee camps. The highest priority at this time is the timely and adequate provision of food rations containing at least 1900 kilocalories per person per day, and sufficient protein, fat, and micronutrients.

During the most recent large-scale refugee relief program, that for Somali refugees in eastern Ethiopia, malnutrition prevalence rates among children under five years actually increased from approximately 15 percent to more than 25 percent between March and May 1989, more than six months after a relief program had been launched. This deterioration in nutritional status was most likely due to the provision of inadequate food rations. High malnutrition rates were associated with excess mortality in these camps; the death rate for the 12 months between August 1988 and July 1989 was approximately twice that of the non-refugee population in Ethiopia.

In summary, the magnitude of loss of life, especially among children, associated with acute population displacements is enormous, compared even with the relatively high mortality experienced by children in the developing world during so-called normal times. In addition, in my opinion, the international relief response could be improved based on knowledge gained during the past decade. The primary causes of death in refugee populations have been reliably identified, as have the key interventions required to overcome them. A more widespread understanding of the unique health risks to which refugee and displaced children are exposed would likely lead to more effective interventions. An institutional memory is lacking in refugee health. Standardizing lessons learned and effective approaches would be useful. Relief programs are too often designed according to resource availability, and may not meet the basic minimal standards long proven to be necessary to sustain life. The refugee burden of the world continues to increase every year, and if high death rates are to be avoided, a strong commitment by the international community to provide timely, adequate, and technically sound assistance is urgently needed.

This completes my testimony. I shall be happy to answer any questions you may have.

Senator DODD. Well, we thank you very much, Doctor.

I should have noted as well that Roseanne Murphy is with you sitting in the front row. Roseanne, why don't you raise your hand, just to be identified.

Roseanne is a maternal/child health specialist who has worked extensively in the Sudan and I know works very closely with you.

We appreciate your being here as well, Ms. Murphy. My mother's maiden name was Murphy, and my father used to say that in the beginning everyone was named Murphy and as they committed sins their names were changed. [Laughter.]

We appreciate your presence here today, being a Murphy, indirectly.

Our next witness, Angela Berry-Koch.

Angela, we thank you as well for your presence here today, and I hope that statement I made, does that cover the ground all right?

Ms. BERRY-KOCH. That's fine. Thank you.

What I think is I assumed my name was changed because I haven't been able to truly accomplish my job as a nutritionist with the United Nations High Commissioner on Refugees, particularly in the last years. My job has gotten much more difficult.

I am an American citizen, and I have been working for 10 years overseas with refugees, starting on the border of Thailand in the Sakaeo camp, which Senator Mikulski has mentioned, and have had the both unfortunate and fortunate opportunity to be present in some of the major refugee emergencies, as I say, in Thailand and also in eastern Sudan in 1984–85, witnessing exactly that high mortality, 10,000 to 15,000 refugee children dying in a period of a year on that border, primarily for lack of food and proper vaccination.

My testimony today, however, is addressing not necessarily the acute high death rate and starvation that occurs in the first days of an immediate displacement of children in war and refugee situations, but rather what I find to be a very alarming trend of deteriorating health and nutritional status and increased mortality amongst refugee children in long-term situations who are displaced in refugee camps for as long as 10 to 15 years.

Out of the 15 million political refugees in the world, externally displaced, we have about almost 8 million who are now living in settlements and camps and who are dependent on external food aid for daily subsistence. The World Food Program, our sister agency under the FAO in Rome, supplies about two-thirds of the food to refugee populations, and UNHCR channels the food aid for the remaining.

However, in the last few years the resources in terms of food aid provided by donor countries as well as cash resources for purchase has been dwindling tremendously, and the result inevitably has been an increase of malnutrition, mortality, and basic human suffering within these camps and settlements throughout the world.

In the last year, for example, I have received reports where there has been an increase of malnutrition amongst refugee children in at least 10 different countries, most of them in Africa but in other countries as well, in Central America and in Asia, southeast Asia.

As Dr. Toole has explained, malnutrition rates really are normally in most countries between 3 and 5 percent of preschool children

are malnourished. In the United States approximately 2.2 percent of children are malnourished as measured by weight for height. We have found that in, for example, Pakistan and Malawi in some regions, in the last year, between 10 and 15 percent of children are malnourished. And more alarming, in the Horn of Africa, in Somalia and Sudan and in Ethiopia, we have reports that are between 15 and 30 percent of children being malnourished.

What does this mean in human terms? We also find an increase of deficiency diseases because the rations, the food ration that is provided is primarily cereal, beans, and oil. It is very difficult for us to provide, particularly in Africa, anything other than these basic food components. For dependent refugee populations who have no access to fresh foods, who have no markets or no money to purchase fresh foods in markets, this means that we have an increase of deficiency diseases.

But again, what does this mean in human terms? Well, for example, if we look at iron deficiency, which results in anemia, there are recent studies that are proving in fact there to be potential cognitive retardation in children with severe iron deficiency. This means that the child who is anemic will appear very inactive and not be alive and moving as normal, but also that that child's actual brain development and their abiiity to learn will be stunted.

There is indication now—and it has to be studied further—that this is irreversible. And we are seeing an increase of iron deficiency anemia in very young children, and certainly when we had statistics in 1987 that showed that 50 percent of the children in one region—and that could be as much as 20,000 or 30,000 children—were severely anemic, this to me is an outrage.

Why this is occurring? Well, for example, if we were able to put canned fish or canned meat into the ration, into the food ration in Africa, we could probably prevent this. That would cost less than one cent per person per day. That would cost about $40,000 U.S. per day or $14 million per year just to prevent these kind of human tragedy.

$14 million at this point for my organization or the World Food Program to even consider requesting or trying to provide would be absolutely unreasonable and considered a total luxury.

The reason, Senator Dodd, as I think you are aware, is that the United Nations High Commissioner on Refugees at this point is in an extreme financial crisis. In the last year we have had to cut almost 20 percent of our expenditure in all of our programs. This has had obvious effect on our ability to properly protect and also provide educational services, etc, to refugee children.

But the truth is, as well, in terms of the survival of children, there has been an effect as well. For example, the resources that are now being quite dramatically reduced for the World Food Program, the food resources, at this time has meant great interruptions in food supplies to many refugees, particularly in Africa, as much as up to four months of no distribution of beans, no distribution of oil, and sometimes even lacking in cereals.

When the World Food Program is unable to deliver food sufficiently normal, in the past UNHCR had funds in which we were able to purchase food and be able to deliver it in order to prevent these gaps. But this has not been possible in the last year. We do

not have the money to do that anymore. And it has resulted in food deficits in a lot of these populations. And that is the main reason why we have an increase of malnutrition.

I won't speak much more about it except to explain that for my own sake, in watching over the last 10 years in my continuous work, I have been rather amazed to note an unmistakable decline in our ability to actually respond to the human needs of refugee children, and I have only been able to correlate this with a lack of funds. That is the primary reason: a lack of proper resources in this essential and life-saving sector.

I hope that today and I hope that the future work within this area will allow for there to be a recognition of what I believe to be an extremely acute and alarming problem that would create irreversible damage in numerous, numerous children who are under our care, who are not inaccessible. They are actually in camps. There are programs there that are set up to assist them, and yet I feel that we are failing in an extreme way to support their vital needs.

Thank you.

[The prepared statement of Ms. Berry-Koch follows:]

PREPARED STATEMENT OF ANGELA BERRY-KOCH

Introduction

1. I am honored for this opportunity to testify before this committee today on the subject of refugee children and the nutritional consequences of displacement. My name is Angela Berry-Koch, I am an American citizen and have worked as a nutritionist for the United Nations High Commissioner for Refugees (UNHCR) for the past ten years in Southeast Asia and in Africa and currently out of their headquarters in Geneva. In some both fortunate and unfortunate way I have found myself on the border of some of the most major refugee emergencies in the past decade; in Thailand in 1979 and Sudan in 1984, and have witnessed first hand the starvation and death of children caught in the turmoil of sudden displacement.

2. My testimony today, however, describes a less visible yet equally dramatic and disturbing picture of the long term consequences of displacement on some four million refugee children under 15 years of age who have the unfortunate destiny to be living in camps and settlements. These children reside for long periods within families who lack a means to be self sufficient and are dependent on progressively more inadequate food aid. As a result, more than one-quarter of a million refugee children in the world today have been assessed to be suffering from acute malnutrition. All these children need nutritional rehabilitation. All are in danger of subsequent infectious diseases or death. This past year, as a result of what can only be referred to as an extreme financial and food resource crisis within the U.N. bodies responsible for their care (i.e. UNHCR and the World Food Programme), the number of refugee children suffering from either malnutrition or nutritional deficiency diseases has increased in at least 10 different countries in the world.

3. What is frightening is that this is occurring, not just in the dramatic first months of displacement when the world is caught "off-guard" and food shortages are unfortunately to be expected, but among populations in long term situations, some of whom have been residing in camps for 5 or 10 years. Why is this happening ? Dr Toole, the previous speaker, has amply summarised a core issue: "relief programs are too often designed according to resource availability".

Malnutrition

4. Levels of malnutrition over 15% (measured as less than 80% weight-for-height among pre-school children) are considered to reflect a "famine" situation and have a direct correlation to increased deaths among children. Yet in countries like Malawi and Pakistan, we have had reports of levels of malnutrition up to 10-15% in certain districts these past six months and even more alarming in the past year such countries as Ethiopia, Somalia, and Sudan have reported that some 15-30% of refugee children (some of whom have lived 10 years in these countries of asylum) are suffering from acute malnutrition.

5. To compound this, deficiency diseases resulting from a lack of vitamins and minerals in the diet are also on the rise in many countries. For the first time ever reported in refugee camps, pellagra outbreaks were experienced in four countries in Southern Africa last year. Pellagra results from niacin deficiency and can lead to death. It is caused by more than two months subsistance on a diet of only maize, with a lack of beans or meat in the diet. Thousands of children were affected. Scurvy, iron deficiency anaemia and vitamin A deficiency equally plague many refugee communities, resulting in physical disabilities such as blindness and reduced mobility. Without treatment, death can be the result.

6. I have seen ten year old Southern Sudanese children crippled because their legs have atrophied in contractions due to lack of vitamin C in the diet. It would take months of physiotherapy to allow them to walk again. Eight months prior they had strolled eagerly into the camp but after months of subsisting on a food aid diet of cereal, beans and oil which is lacking in vitamin C, they were reduced to crouching on the ground. What can be done to prevent this? UNHCR has proposed fortification of food aid, but until now we have had no positive response from major food donors.

7. Another example is iron deficiency. A child who suffers from severe anaemia because his diet is lacking in iron will appear limp and inactive but he will also not develop normal cognitive abilities, his I.Q. will be lower than his potential, his school performance (if he attends school) will likewise eventually fail. If the anaemia is very severe and prolonged he may potentially have irreversible cognitive retardation. In other words, we, the international community responsible for feeding this child, will have created a stunting of the developing mind of this potentially intellegent and creative child. In 1987, in one region in southern Somalia, some 50% of refugee children had severe iron deficiency anaemia. If this seems alarming, please note that anaemia is on the increase in almost all refugee situations, particularly in Africa. Iron deficiency affects women as well. In one Somali refugee camp the same year, 60 women bled to death giving childbirth because of anaemia. They left orphans and shattered families. The nutritional status of women, which is at particular risk in refugee situations, invariably has a strong impact on the lives of refugee children.

8. The tragedy of iron deficiency could be easily prevented by including a small amount of canned meat or fish in the food rations which would cost just under one U.S. cent per person per day. For example, to ensure that none of the four million refugee children or women in Africa suffer iron deficiency we would need to provide a little more than a tablespoon of meat in the daily diet (e.g. 40g). This would cost US$ 40,000.- per day or US$ 14.6 million per year. Is this a small or a large amount for the prevention of such human tragedy ?

Resources

9. Apparently, it is too large an amount. In fact, this proposal is beyond consideration by my organisation and the World Food Programme and would be considered a "luxury", because we are not even able to adequately meet the basic food components such as cereals, beans and oil in many of refugee rations at this time. For example, for the 1990 programme, both World Food Programme and UNHCR face a shortfall of 20,000 mt of oil for Pakistan, 7,000 mt of beans for Ethiopia, and for Malawi 9,000 mt of cereals, 5,000 mt of beans and 2,500 mt of sugar. Simultaneously, while the World Food Programme which channels two-thirds of the food aid to refugees has been experiencing a steep decline in food resources compared with increased needs in the past three years, UNHCR's funding crisis has now reached an extreme situation. Against a 1990 global funding requirement of US$ 700 million our present projections are that only US$ 550 million are likely to become available in the course of 1990.

10. This has meant reductions in the food basket to many refugee populations. For example, food rations and purchases were reduced in most South East Asian countries during the course of last year. Even where the theoretical food basket has not been reduced, the full ration is often not delivered on time because of late pledges or late shipments or because of other interruptions in the supply line. In Africa, for example, rarely does a refugee family receive all the basic food components at the same time.

11. All these factors have led either directly or indirectly to less food being available for feeding of refugee children this past year. Faced with a need to cut expenditure on all programmes by almost 20% in 1990, sugar and supplementary food items which have particular benefit for refugee children have been removed from the regular annual budgets of most refugee programmes, making their supply subject to special donations and increasing the risk that they will be absent from a child's diet.

12. Almost no refugee programme has achieved any buffer stock of food over the last years, resulting in severe and prolonged gaps in food distributions if the supply line fails, as it can do occasionally. For example, interruption in the distribution of oil and beans for as long as one month or longer were experienced by refugees this past year in Ethiopia, Malawi, Somalia, Sudan, Zambia and Zimbabwe. When oil is omitted from the ration, children lack concentrated calories and easily become malnourished. They also cannot absorb vitamin A and are then subject to respiratory infections and blindness from this deficiency. Direct correlation between malnutrition and infections has been documented and this was evident in the mortality pattern of refugee populations in 1989 where outbreaks of cholera, meningitis, hepatitis were on the rise.

13. A lack of funds has also meant that agencies have on occasion had to make compromises regarding the quality of food purchased. This has sometimes led to a rejection of food items by refugees. It can also lead to difficulties in preparation, for example beans that require as much as ten hours to cook and cooking fuel is extremely scarce in most refugee situations.

14. These are just some examples of the food problems that refugees face on a daily basis. Against the backdrop of financial and resource constraints, we receive report after report of the human impact on the lives of the young. It is disguised in such statements as "an increase in the number of admissions to therapeutic feeding in the majority of camps this month", or "the second leading cause of death in children was malnutrition". These are factual statements from our January Malawi health report. They are statements of preventable human suffering. This testimony has not mentioned other areas where recent financial cuts have had an impact on refugee children; areas such as education, health, or social services. I have purposely concentrated on the central survival issue of food. The fact that children suffer the greatest when food is scarce is testimony in itself of the need for a swift and humanitarian response to what is evolving as a dramatic and tragically irreparable situation. In the last ten years, I have witnessed a progressive and unmistakable decline in our humanitarian response to the food needs of refugees. I am sure that the quarter of a million malnourished refugee children, if they could be here today, would testify to this fact.

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Senator DODD. Well, thank you very much.

I noted here I realize $14 million a year is a lot of money. No one is suggesting it is not. When you consider the lives that could be saved with that, $14 million, those numbers have been rounded off years ago. They don't even register any longer on the fiscal Richter scales. An amendment for $14 million would be considered a technical amendment today, considering the kind of fiscal mess we are in.

Let's see what we can do on something like that as the kind of thing that may grab the attention of my colleagues. You can take a number and you can apply it directly to a specific thing that needs to be done, and you're probably going to suggest to me that there are probably three or four other things that could be done as well that fall into that category.

Ms. BERRY-KOCH. True.

Senator DODD. But that one will help.

Ms. BERRY-KOCH. I didn't mention that, for example, I mean we don't consider it because at this point we are, for example, 20,000 metric tons short to provide oil to Afghan refugees in Pakistan or 7,000 metric tons short of providing sufficient cereals to Somalian refugee children in eastern Ethiopia. So we cannot even provide the basic foods at this point. We are not getting the pledges. The World Food Program is not getting the pledges. And it's a very desperate situation, actually. It's a bit of a crisis.

So it is a total luxury to consider providing anything else other than what, I mean, in all truthfulness, is less than what much of the livestock in the U.S. and Europe are provided. I mean it is a very rude thing to say, perhaps, but it is absolutely true. These diets are worse in many ways in terms of micronutrients and other nutrients. And we cannot even meet those needs at this time.

Senator DODD. Let me come back in a minute because I have some additional questions for you. But I appreciate that very much.

We have been joined by Senator Kassebaum from Kansas.

Senator DODD. Let met turn to you, Mr. Williamson. We thank you for being with us.

Mr. WILLIAMSON. Thank you, Senator Dodd, Senator Kassebaum. I am John Williamson, assistant program director for the Christian Children's Fund. I joined the CCF just in January. In the 10 years prior to that I worked for the United Nations High Commissioner for Refugees, particularly in Thailand and then for the last seven years at the headquarters in Geneva, where my work concerned primarily southeast Asia and Africa. During my time in Geneva I chaired UNHCR's working group on refugee children.

I have been asked to address the educational needs of children affected by war. My personal experience relates, obviously, most directly to the refugee children.

Today UNHCR maintains there are some 15 million refugees in the world. Roughly half of that number are children. I think my comments will also be relevant to the internally displaced populations, which is an even larger number of people. I would refer to my written testimony on the statistical question. It is a safe assumption to say, however, that probably far less than half of the world's refugee children have access to primary education today. I would guess it is probably much closer to a quarter.

Why is that important? First of all, it's important to recognize that education, at least for children, is considered a fundamental human right. Article 26 of the Universal Declaration for Human Rights states that everyone has a right to education, that education should be free. The Convention on the Rights of the Child, which has been discussed this morning, recognizes the right of the child to education and that primary education should be compulsory and available to all. The Fourth Convention relative to the protection of civilians in times of war recognizes the obligation of parties to an armed conflict to provide for the education of children.

There is more that could be said, but fundamentally education is a human right. What are the consequences if it is not fulfilled? Children learn what they experience. Children growing up in a refugee camp learn dependence. Children growing up on the margins of war and armed conflict, they learn about killing.

I think the international community has a choice: Either we help refugees and their children prepare for peaceful, productive lives, or we can anticipate their future dependence and their future involvement in armed conflicts.

But education for children should not only be future-oriented, particularly in situations of war, because education can be very much of the healing process for children, can help them recover from the trauma of war. Children having experienced a war gone violently out of control, for them school gives a renewed sense of things being regular and dependable in life.

I would like to share briefly with you an experience I had in the Fugnido camp in eastern Ethiopia. In August of 1988 I had the opportunity to visit there, and in that camp there was a very large number, some 18,000, unaccompanied boys. They had walked, many for up to three months, coming from the far side of southern Sudan to reach the relative security of this camp. They had suffered armed attacks. They had lived in the bush. They had seen many people die on the way.

By the time those that were able to make it to Fugnido did make it, there were some that began to break down. There were approximately 80 children that began to evidence severe psycho-social disturbances.

The leaders in that camp very wisely decided to start a school for those children. By the time I visited several months later, all but seven of those children had recovered enough to join the other children in the camp.

I think that school experience for them, the fact that it provided a sense of regularity, normalcy, life coming back to a norm, helped those children recover.

There is a second point I would also like to draw from that experience in Fugnido. The other children in the camp, standing on the outside watching this group of 80 able to attend school, began to say to the adults that they wanted to attend school as well.

So with nothing more than some hand tools, the adults in that camp helped mobilize the children, and by the time I visited, which was just a few months later, they had built 120 school buildings. There were 15,000 children that were in school. But they had no resources to work with other than their own hands. The refugee teachers in the camp were teaching classes in shifts. They were

using scavenged bits of cardboard and charred wood for blackboards. The children were writing their lessons in the sand. As a result of that mission, we were able to channel some resources in to support their initiative.

What that highlights for me that we also saw during the Cambodian emergency in early 1980 was the extreme importance to some refugee groups for education. For them it was a very, very basic need.

But obviously there are constraints to providing education for refugee children and children affected by war. Obviously there is a need for some degree of security and stability in a war zone. Schools, educational facilities, are often destroyed in war. There are obviously resource problems. As Angela has pointed out, at the moment there are very, very acute resource problems that refugees are facing. Resources needed are financial, material, and human.

As far as education is concerned, in the first instance it is the responsibility of governments of host countries to provide education to children. The reality is in the developing world, the places where the largest numbers of refugees are, those governments are not in a position to provide adequately for the primary education of their own children much less massive numbers of new arrivals. So there is a need for the international community to respond to them.

UNHCR, facing the kinds of problems that Angela has talked about, is having to cut back programs. Education, even though it is considered a right, is one of the things that is going to be cut when it comes to a choice between preserving life and providing education. It makes it no less important and it doesn't take away the long-term consequences of a failure to provide education.

But there are political constraints as well. As I was saying, a government that is unable to provide education for its own children is not going to be able to permit universal education for refugees children. There is a need to respond in a refugee situation to the national children as well as to the refugees.

In some situations, teachers become political targets, particularly in rural areas. Teachers, as the educated person in the community, assume a natural leadership position and often are targeted by governments and by particular groups.

There are cultural factors that limit the availability of education, and these most typically affect girls. In some cultural groups, education for girls is not valued highly. There are measures that have proven, though, to be effective in increasing the opportunity for educational opportunities for girls, but it takes specific attention to that issue for these to be implemented.

So I would like to just close with a few observations about what needs to be done. You know, obviously, inadequate resources is the biggest constraint at the moment in providing education for children affected by war. UNHCR is going to need sufficient resources to be able to meet the basic survival needs of refugees in order to be able to address the educational needs of refugees.

I think UNHCR also has to do a better job of monitoring and reporting on the numbers of refugee children in need of primary education. At present we don't even know what percentage of the world's refugee children have access to primary school.

The UNDP, United Nations Development Program, was recently named as the lead agency for assisting displaced populations. I think they are going to have to give the same kind of attention for education for displaced populations.

To help establish a global recognition that education for all children is a basic human right, I would urge support for the ratification of the Convention on the Rights of the Child, which we have discussed.

Articles 28 and 29 of the Convention provide much-needed basic standards for the education of all children, including refugees and other children affected by war.

Most basically, we must all work for peace. In your decisions as Senators on defense and the provision of aid in arms to help determine the peace or the lack thereof in the world, we all share peace as an objective, and in making your decisions, I would ask that you always consider the children around the world who will be affected by what you decide.

I would like to just close with a brief quote from UNHCR's Guidelines on Refugee Children. It is a document that covers rather broadly the needs and issues that refugee children face, and I would like to leave a copy with you. I think that it applies not only, however, to refugee children:

Education for children must be considered a priority activity. Access to education can be the determining factor in a child's life. Its absence sets into motion a lifetime of disadvantages. Educating refugee children to be prepared to live constructively in the unknown future is an enormously complicated task and one to be addressed thoughtfully and comprehensively.

Thank you.

Senator DODD. Thank you very, very much for your testimony.

[The prepared statement of Mr. Williamson follows:]

PREPARED STATEMENT OF JOHN WILLIAMSON

Senator Dodd, members of the Committee, I am John Williamson, Assistant Program Director for the Christian Children's Fund (CCF). For 10 years immediately prior to assuming my current position in January of this year I was a Social Services Officer for the United Nations High Commissioner for Refugees, the UNHCR. Having started with that organization in Thailand during the Cambodian emergency in 1980, I continued to work for them until January of this year based at their headquarters in Geneva. As one of my responsibilities, I chaired UNHCR's Working Group on Refugee Children.

In my comments today I will draw primarily on my work with refugees in Southeast Asia and Africa, the broad overview of refugee situations afforded by my participation in the Working Group on Refugee Children and the relevant experiences of my new colleagues at the Christian Children's Fund. CCF has supported education of children affected by war in both Latin America and Africa.

I appreciate the opportunity to speak to you today about the educational needs of children affected by war. Clearly my personal experience relates most directly to the situation of the some 15 million people who have sought refuge across international borders, those within the mandate of the UNHCR. However, I believe that my comments will also be relevant to the even larger number of people displaced within their own countries by armed conflict and political strife. It is important to call attention to the situation of these displaced populations because, unlike the refugees assisted by UNHCR, the internally displaced have no international body with the comprehensive mandate necessary to address their needs for protection and assistance.[1]

My comments will concern primarily the fundamental issue of access – the access of children affected by war to relevant education of good quality. Unfortunately there is an immediate problem, a lack of information. I wish I could tell you what percentage of the world's refugee children have access to primary school, but I cannot. The question certainly has been asked within UNHCR and by organizations concerned with refugee children, but obtaining an answer has never been of sufficient priority that the information has been gathered.

What I can tell you is that in 1987 over 463,000 refugee children and youth benefited from educational assistance through UNHCR. Ninety five percent of these beneficiaries were at the primary school level, four percent at the secondary level and one percent at the level of higher education.

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[1] See "Internal Refugees - The Hidden Half," Lance Clark, World Refugee Survey - 1988 in Review, U. S. Committee for Refugees.

However, the figure of 463,000 students gives rise to concern, when we recognize that half of the world's 12 million refugees in 1987 (15 million in 1990) were children. Of these approximately three million would have been of primary school age.

This still leaves us without an answer to the question of access because many refugee students attend schools without UNHCR support. Responsibility for refugee education is basically with the governments of asylum countries. The reality is, however, that the overwhelming majority of the world's refugees are in countries unable to provide adequately for the education of their own children. They must turn to the international community, whose resources are channeled through UNHCR, for financial assistance. There are also other bodies, private voluntary organizations and some political groups, that provide for refugee education beyond that provided by UNHCR.

All this being said, we still do not know how many refugee children of primary school age do not have access to primary school. The question simply has not yet been seen as sufficiently important to command an answer, but it would seem at safe assumption that far less than half of the refugee children in need of primary school are able to attend.

The situation is even less clear for children internally displaced by armed conflict. No organization is yet in a position even to say how many there are, much less how many attend school.

Why is education important for children affected by war? First, we have to recognize that education, at least at the primary level, is recognized as a fundamental human right. Article 26 of the Universal Declaration of Human Rights states that, "Everyone has a right to education. Education should be free, at least at the elementary and fundamental stages." The Convention on the Rights of the Child, passed in November by the General Assembly of the United Nations and currently under review by the Administration, recognizes the right of the child to education and that primary education should be "compulsory and available free to all." The Fourth Geneva Convention relative to the protection of civilians in time of war recognizes the responsibility of parties to a conflict to provide for the education of children.

There are other examples that could be cited, but the point is adequately made, that at the level of generally recognized international law and principles, primary education for children requires no justification beyond the fact that it is a basic human right.

What are the consequences if this right is not fulfilled? Clearly education is a principle means to helping children affected by war to secure a future. They need knowledge and skills to become adults capable of supporting themselves and the families they will have.

It is important to understand that the education needed by children affected by war is not only the academic fundamentals taught in a classroom. I mentioned earlier access to relevant education. Particularly for children displaced by war, this must include the practical and vocational skills they will need to build a peaceful future. In many

situations children readily become acquainted with the skills of war. Insurgent groups and governments frequently ignore existing international law and recruit children as soldiers. Even those not recruited may, as a simple by-product of their existence in a war situation, know much more about the use of an AK-47 than of a plow.

A friend from Save the Children recently shared with me a telling example of the effects on children of growing up in the artificial confines of a refugee camp. They found in one camp in Zimbabwe that most of the Mozambican refugee children didn't know the difference between a dog and a goat. They didn't know where milk comes from or many of the simple, every day facts of life in any Mozambican village.

Education for children uprooted by war and living in camps must include vocational and social and cultural instruction that helps prepare children for a future in which they will support themselves and become active members of a wider national community. One of the fundamental realities for children who grow up in a refugee camp is dependence. Refugee camps by their very nature train people to be dependent. Children need opportunities to learn the skills they would normally develop living in their home countries. They need to be able to learn and practice agriculture, rising livestock or other skills be appropriate for children in their home country and in the host community.

The whole concept of warehousing populations for years on end in refugee camps needs to be challenged. Education can help mitigate for children, at least in the short-term, the negative effects of confinement in a camp. But education is largely future-oriented for such children. The hope it engenders will turn to bitterness or despair if young people in a camp do not have opportunities to get on with their lives and apply the knowledge and skills they have gained. Refugees must have opportunities to rebuild normal lives. A refugee camp is, at best, a temporary response to immediate survival needs. People who are forced to become refugees need access to land and economic opportunities. They need freedom of movement.

There is a simple choice to be made by the international community. Either we help refugees and their children prepare for and realize peaceful, productive lives or we can anticipate their continued dependence and involvement in armed conflicts.

Education can help children recover from the trauma of war. The assumption that a refugee situation will be short-term is often used as a reason for delaying the provision of education. This is a serious mistake, not only because of the need to help children prepare for a better future but also because education can help them deal with the present. It is almost axiomatic that in the early stages of a refugee influx that the situation assumed to be short-term. In 1980 when we were planning services for Cambodian refugees in Thailand one of our basic assumptions was that people would be returning home within six months. Ten years later the end is not yet in sight and the pile of reports on social and psychological decline of those still confined in border camps is growing.

For children traumatized by war participation in school can have important therapeutic benefits. Following their uprooting and loss of everything familiar, children's

participation in school is crucial in helping return their world to normal. Having experienced a world gone violently out of control, school gives children a renewed sense of things being regular and dependable in life. For children whose lives have been shattered, education means regaining self-respect and confidence.

Work has been done on "therapeutic teaching" within schools to help children cope with adverse events. In Malawi and Mozambique UNHCR has helped initiate in-service teacher training on ways to help children cope with war-related trauma. Regrettably, however, UNHCR's financial crisis has forced this initiative to be cut back.

I would like to cite an example from a refugee camp in western Ethiopia to illustrate the therapeutic value of education. Among the children from southern Sudan who managed, in many cases after surviving armed attacks and months near starvation in the bush, to make it to the Fugnido camp, there were at least 77 who evidenced extreme psycho-social disturbances after their arrival. They were brought together by refugee leaders who decided, wisely, that a school should be started for them. The attention these children received through this school, the structure and normalcy it returned to their lives, played a crucial role in their recovery. When I visited the camp a few months after the school had been started, all but seven of the group had been able to re-join the other children living in the camp.

There is a sequal to that story that illustrates another important point. The other children in the camp, seeing this school, began to say to the adults that they wanted schools as well. By the time of my visit the children, with adult help and supervision and nothing more than hand tools to work with, had built 120 wood frame and thatch school buildings. Former teachers had organized and were providing instruction in English, Arabic and math to 15,000 refugee students.

This school system was started entirely on the initiative of the refugees and without any financial support from UNHCR or voluntary agencies. Lacking supplies and equipment, teachers were using pieces of cardboard and charred wood for blackboards. Students wrote their lessons in the sand. Following our visit equipment and supplies were provided to support their efforts.

I saw a similar process with a very different refugee population during the Cambodian Emergency in late 1979. Almost on arrival in the Khao I Dang camp, refugee leaders began to ask where schools could be built. Two months later, with the assistance of UNHCR and technical advice from UNESCO, some 600 refugee teachers were conducting classes for 40,000 refugee students.

The point these examples highlight for me is the importance that refugee groups often give to education. For these two groups, very concretely, it was part of their recovery as a community and a part of their building for a better future.

<u>If education for children affected by war is so important why isn't it universally provided?</u> The most obvious reason is a lack of resources -- financial, material and human. Receiving countries do not have sufficient schools to accommodate, massive numbers of new students, particularly in the desolate areas refugees typically are forced into. Additional school facilities are needed.

Rarely are there sufficient numbers of trained teachers within a refugee population for all the children who need to be in school. Teacher training programs are required.

Basic school supplies can be purchased if funds are available, but the curriculum is often a more complex problem. Refugees normally will not use text books from their country of origin because these are produced by the government from which they have fled. They may not speak the same language as the host country population. There may also be important cultural and religious considerations. Essential questions are what kind of future will students be preparing themselves for and in which country. The list of considerations for establishing an appropriate curriculum is considerable.

There is a need at the beginning of the refugee situation for a comprehensive, professional assessment of educational needs and an appropriate plan to be developed with the participation of the refugees, the host government, UNHCR, and often, private voluntary agencies.

Two major factors currently limit adequate resources from being provided to children affected by war. The limited capacity of many countries in the developing world to provide adequately for education is obvious. War, failed economic policies and crushing debts are leading many countries to cut back on the services they provide.

Secondly, UNHCR is in the midst of its worst funding crisis in its 39 year history. In refugee programs priority is being given, understandably, to sustaining life. Education and other measures to promote economic self-sufficiency are being cut back.

Regrettably, inadequate resources are not the only constraint to providing adequate education for children affected by war. There are very real political constraints. Even if outside resources were available, many governments hosting refugees could not permit universal primary education for refugee children if a substantial portion of their own nationals are unable to attend school. To do so would be political suicide. In such situations the international community must seek to increase educational opportunities for both nationals and refugees.

Another reality is that in some situations education itself is political. An article in the August/September 1989 *Amnesty International Bulletin* notes that:

> "Teachers, particularly those in rural areas, exercise a sphere of influence that extends beyond the classroom. Because of their generally higher level of education they often become community leaders, whose involvement in land reform, trade union and human rights work is commonly seen by government as a threat to state authority. Suspected of being conduits for subversive ideas, teachers have found themselves the targets of government repression in countries around the world. Some are subjected to harassment and intimidation. Others are tortured, imprisoned, or killed by agents of the state."

The prevalence of such incidents makes it difficult or impossible for schools to continue to function in some rural areas, with the obvious result that many children in those areas have no access to formal education.

The constraints are not all imposed on the communities affected by war. In some refugee situations there are cultural factors that limit the education of girls and young women. A typical pattern among some groups is for there to be similar numbers of boys and girls in the first level or two of primary school, with the numbers of girls falling off much more rapidly than boys at the higher grades. The view in some cultures that formal education is less important for girls is reinforced by the realities of life in many refugee camps where children, girls in particular, spend hours gathering firewood, carrying water, tending younger siblings and doing other domestic chores.

Another constraint was suggested earlier. If we do not even know how many refugee or displaced children need education, it is certain that many will not recieve it.

Children's education has to become a sufficient priority that those responsible for providing for the needs of refugees will start to count, or at least estimate, the numbers of refugee children needing primary school and the numbers actually attending.

In my comments I have emphasized primary education, first of all because it is a fundamental right which probably the majority of refugee children do not enjoy. Also, as I indicated, it is critically important to them. I do not want to imply, however, that education only at the primary level would be adequate for children displaced by war. Along with other children they also need opportunities at higher levels and should be given access at a rate comparable to that of nationals of the host country.

I would like to close with some observations about what needs to be done. Obviously, inadequate resources are the biggest constraint to providing education for children affected by war. For refugee children UNHCR must be provided sufficient resources by the international community to meet refugees' survival needs and to provide for such basic needs and rights as education.

UNHCR must also do a better job of monitoring and reporting the numbers of refugee children in need of primary education and the numbers actually attending. Such statistics have to be broken down according to boys and girls. The United Nations Development Program, recently named the lead agency for assisting displaced populations, must begin to do the same for these groups. This information will at least provide benchmarks for some gross measurements of need and permit appropriate assistance to be planned and supported.

To help establish a global recognition that education for all children is a basic human right I would urge the members of the Committee to support actively the ratification of the Convention on the Rights of the Child. As you know Senate Resolution 231 calls for the President to complete the Administration's review of the Convention as soon as possible so the Senate can act on its ratification. Articles 28 and 29 of the Convention

will provide much needed basic standards for the education of all children, including refugees and others displaced by war.

Most basically, we must all work for peace. Your decisions on defense and the provision of aid and arms help determine the peace, or the lack thereof, in the world. We all share peace as an objective. In making your decisions I would ask that you will always consider the children around the world who will be affected by what you decide.

I would like to close with the following from UNHCR's Guidelines on Refugee Children which I think applies to all children affected by war:

> "Education for children must be considered a priority activity. Access to education can be the determining factor in a child's life. Its absence sets into motion a lifetime of disadvantages. Educating refugee children to be prepared to live constructively, in the unknown future, is an enormously complicated task and one to be addressed thoughtfully and comprehensively."

Senator DODD. Mr. Boothby, you may want to open your comments by trying to explain how it was that UNLV so demolished Duke University. [Laughter.]

Mr. BOOTHBY. Well, we lost that one. We just lost that one.

Senator DODD. But you beat the University of Connecticut, for which we will never forgive you.

Mr. BOOTHBY. And I will remember that one. [Laughter.]

Mr. Chairman, and others, thank you very much for the opportunity to be with you today to talk some about the impact of war on children. I am a child psychologist, trained at Harvard University. I have been working for close to a decade now with children in war situations, in Southeast Asia, in fact, where I think I first met up with these two individuals down here, whom I must say look quite well—and congratulations, it looks like you're expecting—in Southeast Asia, Central America, and Africa. And for the past two years I have been working day to day in Mozambique, working to help set up a psychological treatment program in family tracing and reunification program for former child soldiers and for children who are affected by war in other ways.

I would like to touch on three related matters: first, what is happening to children in war zones today; second, what the effects of these are on the children themselves; and also, thirdly, what the effects of these are on nations and perhaps even the rest of the world.

I think the best way to begin to look at what is happening to kids is to let children talk to for themselves. And I would just like to present briefly three young voices from Mozambique.

The first is a 12-year-old boy from Tete Province, which is up in the north:

> Sometimes just for their entertainment, Renamo forced children to fight each other in front of them. I was considered a good fighter because I was strong and I fought to survive. But one time they forced me to fight an adult, and he beat me. When one of us didn't perform a task the right way, Renamo's punishment would be to hang us upside down from a tree and beat us with sticks in their hands. Renamo would gather all of us around and if any of us showed any sympathy or fear, they would make us go through the same punishment. Three different times people tried to escape the base camp and were caught and brought back. Renamo gathered all the children together, including me, to witness their punishment. They told us we could not cry, then we would be beaten too.

Then one of the Renamo soldiers struck the man who tried to escape, on top of the head with an ax. After splitting his head open, he kept driving the ax down until it went into the man's chest area.

A 12-year-old boy from Inhambane Province, he speaks about the ways in which children are transformed from witnesses of violence into abusers themselves. He also tells us a little bit about how children attempt to resist this fate:

> Renamo beat us almost every day. They even beat us if we played or laughed or sang. Sometimes I would sing a song to myself. They couldn't hear it, and it made me feel stronger and better. This was one of the ways I tried to fight them. Renamo assigned other boys our age to watch over us. They were once part of our group and had also been beaten. Now they were put in charge and were even worse. They enjoyed hurting us.

Renamo caught an old woman trying to escape. She was brought to the group of us that were being trained. The Renamo leader pointed to Manual and told him to kill her. He took his bayonet

and stabbed her in the stomach. Then the leader told Manual to cut off her head. He did it, and they saw that he was brave and made him chief of our group.

Finally, children in Mozambique talk quite often about the way in which their initial act of murder is followed up by a formal ceremony or ritual. This is one child's description of that:

> After the killing, body parts were cut up and cooked with other meat. Renamo brought a traditional healer to me who told me to eat the stew. Then he called forth demons and asked them to protect me against Frelimo's bullets. He said the demons agreed to make a pact with me, but he said I would have to drink the blood of the next three people I killed before I would be safe from the bullets. If I didn't, I would be killed myself. Then there was a ceremony. The music and singing lasted all night, and everyone smoked marijuana.

What I am describing here in Mozambique is also taking place in other parts of the world. I have here in front of me a list of 25 countries since 1985 in which children under the age of 15 have made up significant portions of guerrillas, standing armies, or both. And what I have seen as I have worked in Cambodia, as I have worked in Guatemala, and as I have worked in Mozambique most recently is the same sort of indoctrination into violence, the systematic breaking down of a child. And it is not like the novel "Lord of the Flies," where children when taken away from "civilization," other adults, and dropped in the middle of the sea on an island away from their British proctors, regress into instinctual kinds of aggressions, it is much more systematic than that. It is adults telling children they have got to do this. It is adults forcing children to do this. It is adults beating children and killing children if they don't do it.

Now, how widespread is the problem in Mozambique? We did a study based on over 500 interviews throughout the country. It is not quite ready; it should be ready in a couple of weeks. And we found that these kinds of experiences are the norm:

Seventy-seven percent of the children who live in war-affected areas of Mozambique—you're talking about a minimum of 5 million people, half of whom are children—77 percent of the children who live there have witnessed people killed; 37 percent have witnessed family members killed; 88 percent have witnessed physical abuse or torture; 63 percent witnessed rape or sexual abuse; 64 percent were abducted from their families; 75 percent of these abductees were forced to serve as porters at the Renamo base camp; and 28 percent of these children were trained for combat.

Unfortunately, Mozambique is not unique. In more than 25 other countries today, amid the rubble and devastation of villages and towns, children are being bombed in their schools, locked in their homes and burned alive, and being bombed and shot at while fleeing down mountain paths and urban alleyways.

I just want to point to some of these drawings. These are drawings that were collected.

Senator DODD. Would you pull that out a little bit? I was going to ask you to do that, if you would. I have seen some of them here.

Can you all see those, Mrs. Kassebaum?

Mr. BOOTHBY. This first one was drawn by a young Mayan Indian woman from Guatemala, young Indian girl who was 13 at the time.

Could you just hold that? OK.

She was in the house here. The quetzal, which is sort of the national symbol of prosperity, is sitting on top of the house, in larger-than-life proportions, which also shows you some sense of the hope that still exists among many of the indigenous people in the world as they suffer similar fates.

A church, people praying, babies on their backs, a helicopter appears, the people are shot at and killed.

This young girl suffered from flashbacks. In one instance, a truck went by her school and there was a backfire. She ended up underneath the bench of a piano, crying, and wouldn't let her teachers console her. It was in the course of drawing the picture that she began to relate the experiences.

Another picture from a Guatemalan boy, nine years old, witnessed decapitations in his village. Helicopters bombing in Guatemala. This image at the top, by the way, this boy continued to have nightmares, and it was very much about being chased down a corridor by a headless corpse, very much similar to the experience that he witnessed and experienced.

A young Mayan boy from a small village called Yala, witnessing what was the massacre of Coya, back in 1982, in which I think several hundred people were murdered.

Senator DODD. That one we have here.

Mr. BOOTHBY. OK. I really think in some ways it is through pictures and drawing of images that these experiences in some ways perhaps are understood, but they also need to be understood in the context of the kinds of images that remain within children that cause nightmares, that cause night terrors, that cause behavioral problems, that make it difficult for them to concentrate in school.

Yet, it has definitely been my experience over the past 10 years that much more important in this kind of recovery equation, whether children are able to move on from these kinds of experiences and live, despite the hurt, relatively productive lives is the presence or absence of informed intervention. And I think in the area that I am discussing, community-based social and psychological treatment programs are important. Family tracing and reunification programs are almost always needed and very rarely implemented throughout the world.

In Mozambique we have been able to put together a national program there that is reuniting 2,000 to 3,000 children every couple of months. And I must say that it is the first time it is being funded by a congressional earmark for unaccompanied children and orphans, and it's the first time that I know of that our government has actually directly funded a program like this. And it works. And it works.

Two other points I would like to make quickly:

Not only do these kinds of experiences affect children individually, but they also affect nations. If children are preoccupied with images of death, how can they concentrate in school, how can they learn, how can they hold jobs? The motivational and attitudinal State of any given people really is one of the most fundamental underpinnings of all social and economic development, and it needs to be thought of in terms of overall intervention strategies. When we talk about child focus, we are talking about this sort of stuff.

Lastly, I think that it remains until we learn to prevent wars, which one can debate whether that will ever happen, it remains perhaps one of the very few viable options that we actually possess to begin to stop the intergenerational transmission of violence that begets more violence and at times is directly linked to international terrorism.

Thank you.

Senator DODD. Thank you very much.

[The prepared statement of Mr. Boothby follows:]

PREPARED STATEMENT OF NEIL BOOTHBY

Mr. Chairman, Members of the Committee, thank you for this opportunity to talk with you about the impact of war on children.

I am a child psychologist trained at Harvard University. For the better part of a decade, I have been working with boys and girls in war zones around the world. The past two years have been spent in Mozambique working with Save the Children and the Ministry of Health on a psychological treatment and nationwide family reunification program for war-affected children.

This morning, in our brief time together, I would like to touch upon three related matters. First, what is happening to children in the war zones of today. Second, what the extent of the problem is worldwide. And, finally, what the effects of these experiences are for children, affected nations and the rest of the world.

The most direct way to convey what children in war zones witness and experience is to let these boys and girls speak for themselves. Here are three young voices from Mozambique, a country in which 5 million people have been directly affected by war. The first, a 12-year-old boy for Tete Province:

> Sometimes, just for their entertainment, Renamo forced children to fight each other in front of them. I was considered a good fighter because I was strong and I fought to survive. But one time they forced me to fight an adult and he beat me...

When one of us didn't perform a task the right way Renamo's punishment would be to hang us upside down from a tree and beat us with sticks and their hands. Renamo would gather all of us around and if any of us showed any sympathy or fear they would make us go through the same punishment.

...Three different times people tried to escape the base camp and were caught and brought back. Renamo gathered all the children together, including me, to witness their punishment. They told us we could not cry or we would be beaten too...(Then) one of Renamo's soldiers struck the man who tried to escape on top of the head with an axe. After splitting his head open he kept driving the axe down until it went into the man's chest area.

For those of us who do not know, Renamo is an anti-government force which receives support from private groups in South-Africa and other countries, including the United States. Here, a 12 year-old boy from Inhambane Province speaks about the ways in which children are transformed into abusers themselves. In doing so, he also tells a little about how he attempted to resist:

Renamo beat us almost every day. They even beat us if we played or laughed or sang. Sometimes I would sing a song to myself. They couldn't hear it and it made me feel stronger and better. This was one of the ways I tried to fight them...

Renamo assigned other boys our age to watch over us. They were once part of our group and had also been beaten. Now, they were put in charge and were even worse. They enjoyed hurting us...

Renamo caught an old woman trying to escape. She was brought to the group of us that was being trained. The Renamo leader pointed to Manual and told him to kill her. He took his bayonet and stabbed her in the stomach. Then the leader told Manual to cut off her head. He did it and they saw that he was brave and made him chief of our group.

Finally, children described how a set of formal rituals followed a child's first act of murder. These ceremonies appeared to mark the child's transformation from civilian

status into the inner circle of Renamo. There are numerous variations of this rite of passage, according to the different testimonies I have heared. Here is one story from a thirteen year-old boy from Gaza Province:

> After the killing, body parts were cut up and cooked with other meat. Renamo brought a traditional healer to me who told me to eat the stew. Then he called forth demons and asked them to protect me against Frelimo's bullets. He said the demons agreed to make a pact with me. But he said I would have to drink the blood of the next three people I killed before I would be safe from the bullets. If I didn't, I would be killed myself... (Then) there was a ceremony. The music and singing lasted all night and everyone smoked marijuana.

At the moment a child is forced to kill, he feels fear. He is alone and vulnerable and yet knows he will be humiliated, beaten or killed himself if he fails to comply. His vulnerability becomes too much: his fear turns into anger and then into rage. Once the child is consumed with rage he is no longer capable of moral reasoning. The process of breaking the child--separating him from humanity--has been accomplished, at least to some extent.

As one child put it: "I was reborn in that base camp. Even if I could have escaped, I never could have gone home. Not after what I had seen and done."

How widespread is this problem in Mozambique? Our study, based on over 500 interviews nationwide, found that these experiences are the norm among children in war-affected areas of Mozambique.

--77% witnessed killings
--37% witnessed family members killed
--88% witnessed physical abuse or torture
--63% witnessed rape or sexual abuse
--64% were abducted from their families
--75% of these abductees were forced to serve as porters
--28% of the abductees were trained for combat

Unfortunately, Mr. Chairman, Mozambique is not unique. In more than 25 other countries today, amid the rubble of devastated villages and towns, children are being bombed in schools, locked in homes and burned alive, or shot while fleeing down mountain paths or urban alleys. And in at least 21 conflicts, children under 15 years of age comprise significant percentages of guerrilla groups or national armies or both.

The fact is that wars are no longer fought on battlefields between opposing armies. The village has become the battleground of political change, and women and children--once caught in the crossfire, are now the main targets.

Sustained exposure to violence and to killing carries with it grave psychological and moral consequences. Psychic numbing, social withdrawl, an inability to concentrate, thought disorders, nightmares, night terrors, aggressive behaviors, and more are but the more observable signs of what Freud once called a "far too searching fate."

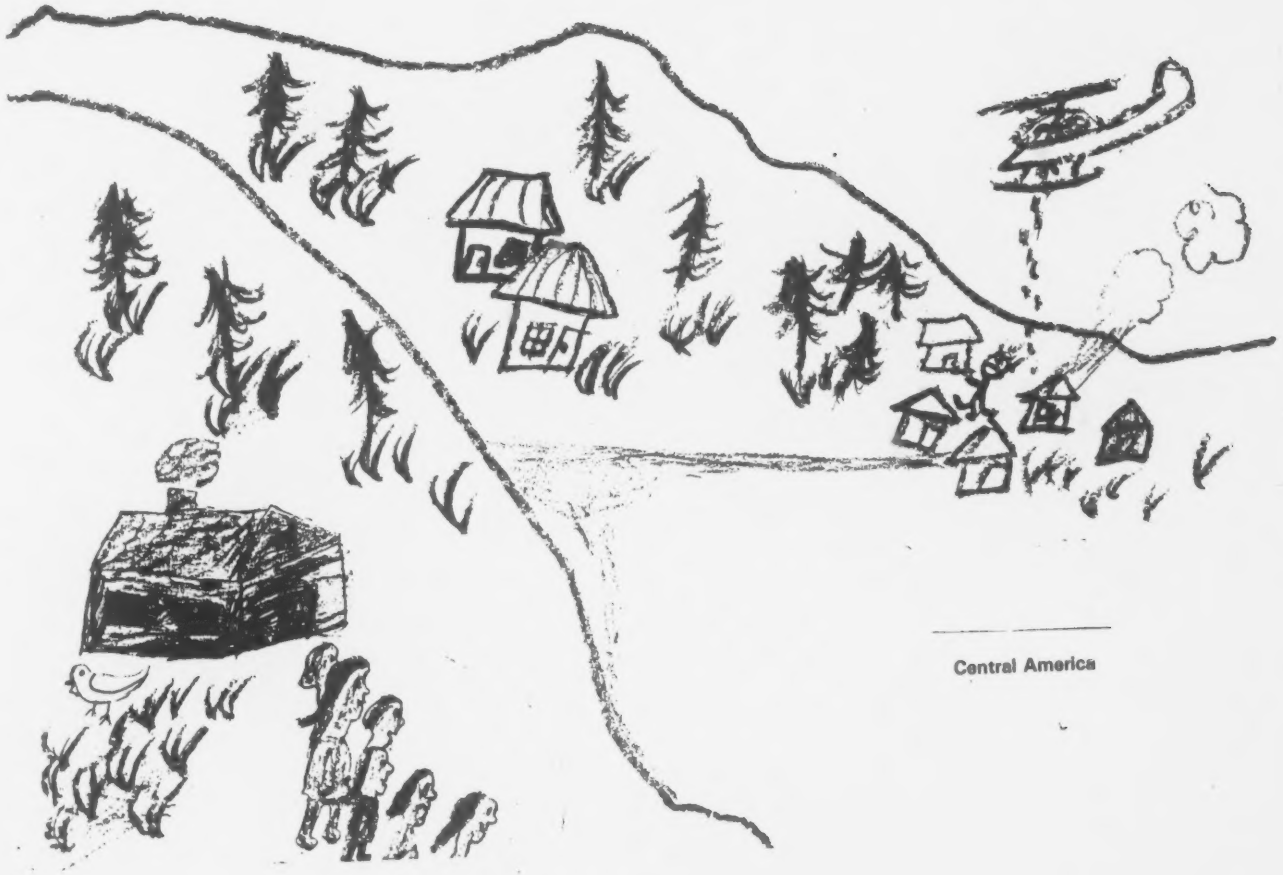
But despite the hurt and long suffering, most children can recover from these experiences when given half a chance

to do so. Here, the presence or absence of informed intervention plays a crucial role in the recovery equation.

Active monitoring of children in war zones, community based social and psychological intervention programs, and family tracing and reunification efforts are but some of the measures required to prevent the erroneous label of "lost generations" from becoming a reality. Generations are "lost" through neglect not through tradegy.

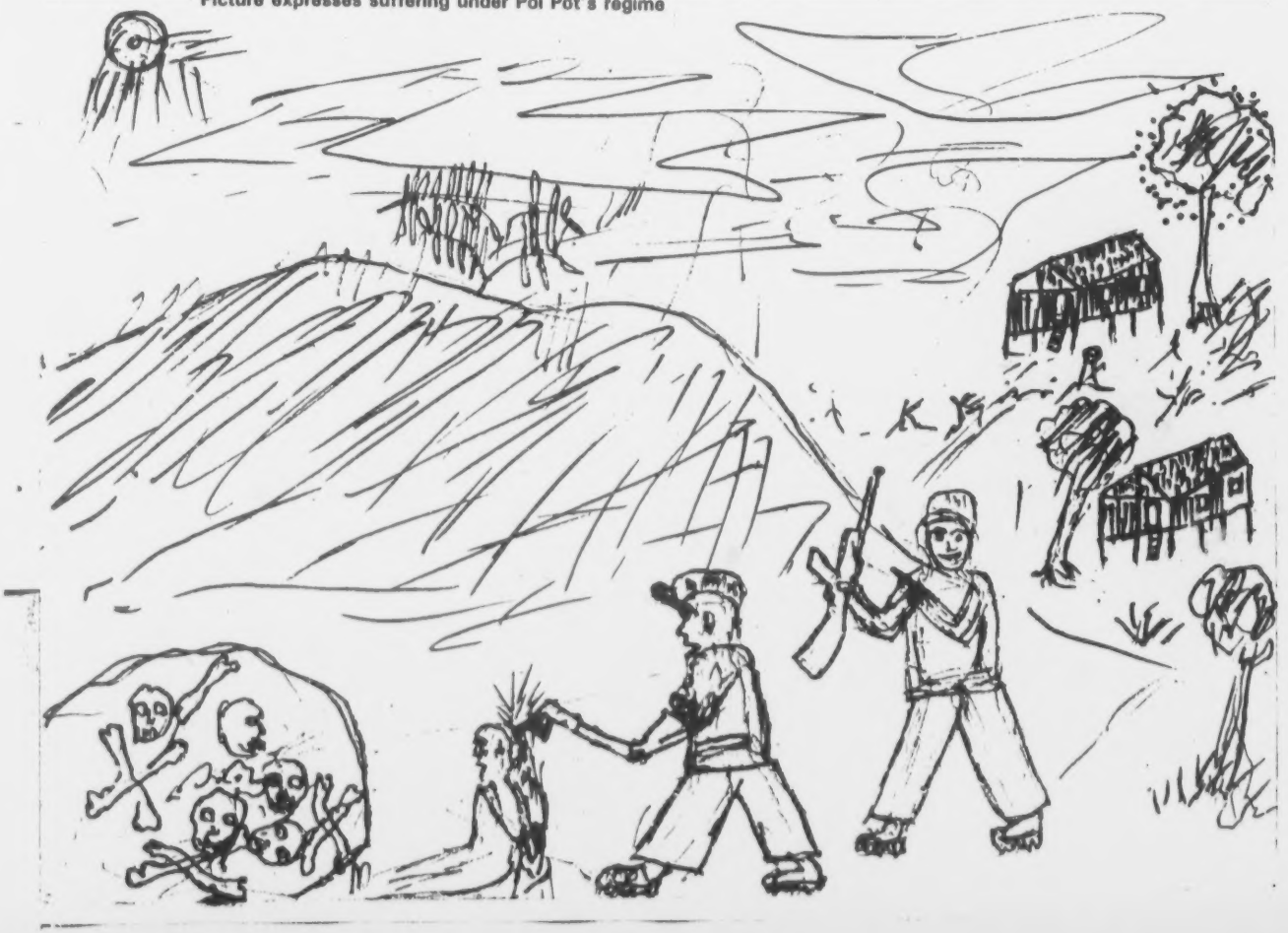
Along with the cost to individuals, society also pays a steep price when psychosocial needs go unmet. How can a nation progress when its children cannot concentrate or learn in school, or when its youth cannot work productively because their minds are still preoccupied with images of death? One only needs to look at Cambodia and its struggle to recover from a decade of violence to understand how the attitudinal and motivational state of a people is one of the fundamental underpinnings of all social and economic development.

Until we learn how to prevent wars, the international community needs to do all it can to empower parents, communities and nations to protect children's physical, mental and emotional development from the most serious effects of war. Protecting children in areas of armed conflict is not only a humanitarian imperative, it is also in our own self interests. It remains one of the few viable strategies the world possess to end the multi-generational transmission of violence that begets more violence and, at times, even international terrorism.



Central America

Picture expresses suffering under Pol Pot's regime



Mozambique Village

Senator DODD. We thank all of you here for your testimony.

Let me ask questions of you, and I may address these to a couple of you specifically. This is, while it's a formal hearing, I prefer a more informal interchange. So don't be reluctant, any one of you, to jump in or comment if you have some observation you would like to make.

For you, Dr. Toole, and you, Angela, Dr. Toole, you described ways in which—and you brought this up as well, Angela—that the almost invisible health effects of war are as devastating. Malnutrition and related diseases can be equally as devastating as the more immediate and obviously the visible effects of physical injuries.

And given the fact, and you have highlighted this already, the resource problem that we face trying to meet these needs, how should the need for emergency assistance—that is, the crisis situation—how should we be thinking in terms of trying to balance the needs to deal with the crisis, immediate crisis, and the long-term needs? Because it seems as though just as you begin to solve one crisis someplace, another one emerges and we are always in a crisis mode someplace. And yet you've got longstanding problems that don't grab the headlines every day and don't attract the immediate attention, but must be addressed.

And so as we look at budgetary concerns, trying to strike that balance, what should we be thinking about as we try to weigh those two serious problems?

Ms. BERRY-KOCH. Well, I will answer it just in relationship to the sector of food and use some examples in this. For example, at this point we never establish any buffer stocks of food for emergency areas where we can guess that there will be either famine or displacement or refugee movements. And this has been an issue that has been raised: Wouldn't it be possible to have a rotational development food stocks that you could have a certain amount reserved in case you need to get food to people in the first few months of a displacement situation?

For a reason I do not understand, most of the major food donors, including the United States, has always turned down this proposal when it has been raised by the World Food Program. So generally there are no buffer stocks available to actually get food delivered to a displaced population dependent on external food aid in the first weeks or months, and then you end up with malnutrition, disease, mortality, etc.

In terms of the long-term programs, again we have not been able to establish any buffer stocks, which means that if a U.S. AID Food for Peace shipment is nine months late, which can happen these days, we have a gap of, say, three or four months of food which is not delivered to people and which therefore creates malnutrition.

Senator DODD. Yes.

Ms. BERRY-KOCH. And in that situation, again, if we could actually have a three-month buffer stock of food in the camps which would at least take care of some of those camps, it may be possible to ensure that people receive sufficient food continuously during those periods when we have interruptions in the food supply line.

So those are two practical ways which in fact are not requesting great access of resources, just a reshuffling of the way that we

manage and think about how we manage, for example, the food resources.

Senator DODD. Yes.

Ms. BERRY-KOCH. But on the health side, I would ask Dr. Toole what his thoughts are.

Senator DODD. Dr. Toole?

Dr. TOOLE. Firstly, Senator Dodd, I would like to support Angela's comments. CDC's experience, and maybe I could demonstrate this experience with a recent study that we did of 42 different displaced persons or refugee camp populations during the last 10 years. We looked at data on mortality in those camps. We looked at data from nutrition surveys that we felt had been performed in a standardized fashion.

It is remarkable, when you compare the mortality rates and the malnutrition rates in those populations, that the relationship is almost linear, that the higher the malnutrition rate in children under five the higher the mortality rate in that population. So malnutrition is the constant factor that affects the outcome of these relief efforts. And in turn, the quality and quantity of food, we feel, is the single most important component of a relief program.

Angela suggested some means by which we could get food to these populations quickly.

One thing I would like to say is that the notion of an emergency ration we feel is not based on any scientific evidence that people cannot survive on so-called emergency temporary rations. And this was a concept that was held seriously up until very recently, that you could provide these populations with amounts of food that provided 1,500 calories for several weeks, several months. And this is not true. This probably explains the very high mortality rates in the early weeks of a relief program, the fact that such small rations were provided.

So somehow the International Relief Committee has to be able to place food supplies so that they can be got to these populations immediately. Most of these people are already malnourished when they arrive in refugee camps. For example, the Tigrayans that walked up to two, three weeks from Ethiopia in 1985 into eastern Sudan, already malnutrition rates were very high amongst the population when they arrived. So they needed the full ration. And the full ration, by the way, is at least 1,900 calories per person per day plus the other essential nutrients.

The second point I would make is that emergency and long-term refugee relief programs require particular technical skills. It is CDC's experience over the last 25 years that applying the kinds of epidemiologic and public health interventions or techniques that we have applied elsewhere is not appropriate in these populations.

There are certain essential components of a public health program for refugees. They include measles immunization. They certainly include sufficient food, water, sanitation. They include a good surveillance system to monitor the effectiveness of a relief program. They require oral rehydration for diarrhea, which is usually the second most important cause of death in these populations.

To do this quickly, promptly, and effectively, there needs to be somewhere in the world a core group of experienced and technically skilled persons. Now, one place for those persons can be the

United Nations High Commissioner for Refugees. That office, we feel at CDC, requires a good, solid core of technical expertise that can be applied quickly, can be made available to host governments in refugee emergencies. They, in turn, require external technical expertise, training, etc.

So they are the two most important points I would like to make in terms of effective relief programs. Thank you.

Senator DODD. Let me ask, is there a good model that we could look at where long-term planning has really been effectively used that either one of you could cite that would be a good example for us to be applying what you just said, in theory? Can you think of one off the top of your head?

Ms. BERRY-KOCH. Well, quite honestly, I would have said a few years ago potentially Malawi as a good model. But in the last few years, because of a need to cut on resources, we have had a deterioration of the program there.

So at this point, we know the principles, we have the conceptual lessons learned, I mean they exist, but in actually finding you a model right now where we could apply them, because there has been really some deterioration of our ability to provide, not just in health and nutrition but in other sectors as well.

Senator DODD. We talked about the United States. Obviously this is a primary concern to us as Members of the U.S. Senate in terms of our commitment. What sort of response do you get from the European Community, from Japan, from other nations now that are emerging on the Pacific Rim with more affluence? Are they participating sufficiently, in your view, to these various international organizations when it comes to the plight of children?

Ms. BERRY-KOCH. Well, I would say, the EEC, for example, in food has been very generous and channels most of their food through UNHCR, whereas U.S. AID channels most of the refugee food through the World Food Program. So making a kind of comparison or something is difficult. But generally, still, I mean it is insufficient. If perhaps the generous generosity of all sides could be increased and perhaps it could be done through a certain amount of burden sharing, this would help.

I mean we at this point, I think you are aware, have an anticipated global budgetary need, the UNHCR, for 1990, of $700 million, and we can only guess that we are going to get about $550 million. So we are looking at that kind of deficit, in which case it's obvious that all countries, major donors, will have to see what they can come up with.

Senator DODD. Maybe we could kind of get rid of the word "generosity." I think we have to start thinking about this issue in terms of, you know, that little ad on television, "You can pay me now or you can pay me later," because apparently the ethical and moral questions have little impact.

But we could start thinking about it just in terms of cost and the potential dangers that are raised as a result of these problems, we have a tendency in the past to talk about it in terms of being generous. But if we could talk about more in terms of enlightened self-interest, where we are a beneficiary, it's an investment that we are making here, maybe we can begin to change the mindset a little bit that this is something that we're doing like one does when walking

along the street, put a quarter in a cup somewhere. This is really far more profound than that. We have to think of it in those terms.

Just lastly, let me then turn to my colleagues. We have been joined by Senator Simon as well, who has been a long-time supporter of these international efforts as well, particularly with regards to children.

Let me ask you first—is it Dr. Williamson or Mr. Williamson?

Mr. WILLIAMSON. Mr. Williamson.

Senator DODD. Mr. Williamson. All right. You talked about children and education and so forth. I am told here that between 1975 and 1979, during the atrocities of the Khmer Rouge in Cambodia, that over three-quarters of the country's 20,000 teachers were executed, or killed. I wonder if you could give us a sense of the effects of wars. Beyond that particular situation, you talked about teaching and education, or education, how important it is. Obviously you need educators in these situations, and the first question that occurred to me as I was listening to you is what happens to the educating population in these kinds of situations, who teaches these children?

Mr. WILLIAMSON. Well, I can speak with some experience regarding that situation.

Senator DODD. Do you want to bring that microphone a little closer to you and may I ask you to pipe up a little bit so we can hear you?

Mr. WILLIAMSON. Thank you.

Along with Angela and Neil, I was involved in the Cambodian emergency in Thailand from late 1979 and was there through the latter part of 1982. And I had the privilege to be involved at the very beginning stages of the education program, and it's quite true, I can't verify your statistics, but that was the pattern during the Pol Pot era, the murder of the educated class within what was then called Kampuchea.

In November of 1979 I was just a volunteer in the Khao I Dang camp. It was a dry rice field that within two months turned into a city of 150,000 people. And in the very early stages of the development of that camp someone suggested to me why don't you go out and see what we are going to need as far as schools. So I went around trying to find some of the teachers or educators that might have survived, and I did find a handful. And I was asking them what was needed. And it really was just the basics.

But one of the things we found very early on was that there were no textbooks, that the texts from former Cambodia had been destroyed. We really had to start from scratch. We had to start from scratch, as you are suggesting, as far as teachers. So teacher training was an initial priority.

A group of artists and surviving teachers in the camp came together in an education development center and began to develop from scratch textbooks, with the assistance of the UNHCR and technical support from UNESCO. They developed the full primary school curriculum for the Cambodian students.

Within two months of the start of that camp there were 40,000 children in school. The people in the camp who did have some level of education received some basic training and they began to teach children. It was a very, very high priority amongst the Cambodians

to start schools. And I was very moved to have been able to have been some part of that and to see their desire to be able to begin again to educate their children.

Senator DODD. Thank you very much.

Senator Kassebaum.

Senator KASSEBAUM. Thank you, Mr. Chairman.

I would like to ask a question, perhaps for anybody on the panel to answer. You talked a bit about education and the health care, and it seems to me that it's so important to have an integrated support system that can provide a sense of security. And the food aid is enormously important, but along with that I think you have spoken so eloquently of the needs in education and health care.

Dr. Toole, you mentioned in your testimony that a couple of thousand children died in the refugee camp in, I think, eastern Sudan, because of measles in 1985. Is this not something, for instance, in which the World Health Organization, with their very successful program on immunization, could have intervened? I would like to ask why this happened.

Dr. TOOLE. Senator Kassebaum, there are at least three people in this room who were in the area at the time and all of us, I think, were quite experienced. I think that particular incident occurred because there was not the mechanism internationally to get the amount of vaccine to that particular spot in a timely fashion. Perhaps in the mentality of the relief programs at that time it was not seen to be as urgent a priority as it should be, and is, I should say, seen widely today.

I think that example points out the need for the strengthening of UNHCR's technical capacity to which I referred earlier. CDC's experience in these situations has been that either the essential resources are not provided promptly enough or that the approach to public health programs is not based on the real needs of those populations.

So there has been the tendency in the past, and this is always with the best of intentions, to concentrate on curative health care, whereas we have seen from almost every one of these acute population displacements the causes of death are malnutrition, measles, diarrhea, perhaps malaria, pneumonia, a handful of diseases that already exist in the developing world already, it is the magnitude in refugee populations that is unusual.

I would like to ask my colleague, Roseanne Murphy, who does not work for the Centers for Disease Control but who worked for the International Rescue Committee in the Wadkoli camp in eastern Sudan, to perhaps shed some light on her immediate experience on why this incident happened and how we could prevent it in the future.

Senator KASSEBAUM. Please. Ms. Murphy?

Ms. MURPHY. Thank you, Michael.

I think that you mentioned what we can do, that the recognition on collecting the right epidemiology and paying attention to what happened in 1985, hopefully will prevent that from happening again. We were not ready at that time, and when we put out the call for the assistance, the response was very slow.

Senator KASSEBAUM. I guess let me ask you if we could set up a model that could coordinate, perhaps the education, the health

care, with the various organizations that are there in the delivery system, whether it's WHO or Red Cross. I believe that one of you mentioned UNDP coming in as kind of the coordinator in some of these efforts. Or would it be the U.N. High Commissioner?

I guess I wish that there were something that we could set up that could quickly pull into place an immunization program or other needs, as they become evident in a massive way.

You know, I would be very interested in coordination, either in the refugee camps or in a country. Now, that gets much more difficult. But could there be some center for these services, kind of all in one? Does that makes sense?

Ms. BERRY-KOCH. If I might?

Senator KASSEBAUM. Yes, please.

Ms. BERRY-KOCH. Yes, absolutely. It is the necessary mechanism, to a certain extent. Coordination and management in such situations is essential. In any situation where refugees would cross a border, the United Nations Higher Commissioner for Refugees would normally have the mandate for coordination. The actual implementation would be usually with NGO's, nongovernment organizations, which need a lot of support and particular support for creating institutional memories and maintaining staff who have experience and therefore can be deployed in those situations.

The U.N. bodies such as the World Health Organization, certainly where we need to involved line ministries, for example, the Ministry of Health, in such a situation in the country of asylum would necessarily be mobilized, and certainly more support from the World Health Organization in those situations would be very helpful.

They are not necessarily, though, geared toward emergency response where you need to really move within months. And this is more where now UNHCR's policy is very much to bring in the World Health Organization, who then supports the Ministry of Health in the long-term programs and has successively done this. So that we are not creating parallel institutes within the country of asylum.

But in internally displaced situations, again now apparently UNDP would be the coordinating agency, and certainly there again you would need support for the actual implementing arms of the UNDP, who would be the nongovernment organizations and particularly the line ministries within that country to try to deal with that problem.

I would point back toward support of a broad-base, both the U.N. coordinating agencies involved with those situations but also particularly support for the implementing partners, the operational arm of those organizations. Staff support, training support, ability to maintain, as I say, that institutional memory and maintain experienced staff within those organizations, as well as what Dr. Toole is implying, a need to support technical staff within the coordinating agencies is extremely essential.

Senator KASSEBAUM. Do you think, given the circumstances—and I would guess this is true—given the circumstances, a fairly good job has been done. It seems to me, though, we have been somewhat overwhelmed.

Ms. BERRY-KOCH. Right. Often, standing on the border in those situations, I have thought, you know, I need the U.S. Army or something. You know, nothing short of a major kind of military with billions of dollars would actually be able to save the situation because when you have as many as 5,000 people crossing a border into a desert with nothing there to give them, you need a major, major mobilization in order to save their lives. And generally that will happen six months late because, you know, it will take four months or five months for ships to get there, it will take three months for the NGO's to get there, it will take—so I am afraid that in the beginning months you are very often facing what seems to be an impossible situation unless you are able to mobilize such massive global response, as we were able to do, I believe, on the border of Cambodia in 1979-1980.

But unfortunately I have seen over the years every major influx receiving less and less and less of an international community's response.

Senator KASSEBAUM. Well, if I may just ask on Cambodia, because that is an example where press attention just galvanized the world. And the same was true, really, in the Ethiopian famine several years back. And it shows, I think, the tragedy of when there isn't press coverage.

The press was never really very visible in Mozambique, with all of the refugees that fled into Malawi and, created an emergency situation there for a time certainly both in country and out of the country. It seems to me we respond when the spotlight is there; otherwise we tend to forget. And I suppose the tragedy of the children, whether it's in Beirut or Managua or wherever, is that crisis becomes a way of life. That, I think, is surely what causes the whole world to grieve, that it becomes the norm to live with that kind of tragedy. How can we continue to remember it and address it.

I certainly value some of the suggestions you have made. If we are trying to address something legislatively here, I don't think it is always just a question of more money. I guess I would hope that would be combined with perhaps a greater ability to pull together, some coordination, so assistance can be triggered in a more timely fashion when necessary.

Thank you, Mr. Chairman.

Senator SIMON. If I can add just a word here. Unfortunately, I have another committee meeting on.

But if I can just tag on to what Senator Kassebaum has said in terms of media attention, Senator Kassebaum and I held a hearing here last Thursday on the problems in the Horn of Africa. We have about five million people very much at risk in Ethiopia, about 700,000 in the Sudan. If we could get one-tenth of the attention to that that we are getting on the President's declaration on broccoli, we would have a huge response from the world.

So I think it is extremely important that you stand up as you are and that you keep speaking out to prod all of us to do the right thing.

If I could just use one little vignette that kind of tells me where we are in terms of children—and let me add my apologies to Dr. James Garbarino, from the Erikson Institute, who is going to be

testifying; the Erikson Institute works with children in all these problems, and I regret I will not be here for his testimony, from Chicago.

But I was in Malawi, where there is this huge refugee population from the Mozambique civil war. Malawi has about seven million people, about 700,000 refugees. Malawi is already one of the poorest nations in the world.

I visited this refugee camp down in the southern part of Malawi, where 40,000 people were, biggest refugee camp I have ever visited anywhere. All very primitive. I spoke, as they asked me to, to the refugees. They were divided into three groups, the men, the women, and the children. And I would shout, and the interpreter would shout after me, no PA system or anything like that.

But when I spoke to the children, there was a little boy, maybe 10 or 11 years old, perhaps 20 feet from me. And I could see he had an infected eye, with insects on his eye. And I said, "Are you going to get help for that little boy?" And the response was, "We can only take care of emergencies."

I have never forgotten that little boy. I don't know how that boy's future ties in with the future of my children and the new grandchild I now have, but I know instinctively that it does. And somehow we have to use the world's resources not just to pile up weapons, but to reach out and help.

I have just been handed a note, can I announce that the subcommittee will reconvene as soon as we are through with this vote. We have a vote on over on the floor, and I better get over there right now.

We thank you very, very much for what you're doing. [Recess.]

Senator DODD. The subcommittee will come to order.

I would like to invite the members of our third panel to join us: Dr. James Garbarino, psychologist and president of Erikson Institute for Advanced Study in Human Development, Chicago, Illinois; Hazrat Kahn, who I believe is outside the door there, if someone would just call him in. He is a child victim of war from Afghanistan, and he is going to be with Congressman David Dreier of California, who has accompanied him.

David, we welcome you here as well along with Hazrat.

Sharon McVeigh, who is a child victim of war from Northern Ireland, now living in New York. We would ask Sharon to join us at the table as well.

And Dr. Adrianne Aron, who is a child psychologist working with Central American children, from Berkeley, California.

We thank you for coming here today and being part of this witness panel.

I should tell you I had to slip out for a minute or so here prior to the vote for a meeting with Secretary of State Baker on the Central American issues, but not to lose an opportunity because I don't get a chance to see the Secretary of State every day, I asked him about whether or not we could get an answer quickly on the U.S. position regarding the Convention on Children. He turned to his staff and said, "I will have an answer for you in the next several days."

Dr. Garbarino, we appreciate your being with us, and we will begin with you.

STATEMENTS OF DR. JAMES GARBARINO, PRESIDENT, ERIKSON INSTITUTE FOR ADVANCED STUDY IN HUMAN DEVELOPMENT, CHICAGO, IL; HAZRAT KAHN, CHILD VICTIM OF WAR FROM AFGHANISTAN, ACCOMPANIED BY CONGRESSMAN DAVID DREIER; SHARON McVEIGH, CHILD VICTIM OF WAR FROM BELFAST, NORTHERN IRELAND, ACCOMPANIED BY MAUREEN WALL, WADING RIVER, NY; AND DR. ADRIANNE ARON, CHILD PSYCHIATRIST WORKING WITH CENTRAL AMERICAN CHILDREN, BERKELEY, CA

Dr. GARBARINO. Thank you, Senator. My name is Jim Garbarino, and I am the president of the Erikson Institute for Advanced Study in Child Development, an independent graduate school and research center that specializes in preparing professionals to deal with children, particularly children in difficult circumstances.

The work I would like to talk about today is some efforts we have been making beginning in the last few years to better understand the role of adults in the lives of children, particularly young children who are exposed to danger, to trauma, and to violence.

I would say at the outset that one of things I think we do need to keep in mind, as Senator Bradley said, is that the issues that kids face many times in the United States may parallel some of those international issues. It was mentioned in Dr. Boothby's testimony that 75 percent of the kids in Mozambique had witnessed someone being killed. In a recent survey in the south side of Chicago, 25 percent of the kids by age 17 had witnessed a murder themselves. So I think there may be some common lessons that will apply not just in our efforts to deal with children around the world but right here in our own back yards.

The second thing is that we have been preparing for this work by developing our understanding of how to communicate with children about difficult topics. One result has been this book, "What Children Can Tell Us," and I brought a copy for you and the committee for future reference.

I would like to make several points. The first is that I think we need to pierce euphemisms that often abound when we deal with this issue. Certainly one of them is that we, perhaps to protect ourselves from the pain, perhaps we protect ourselves politically, we often use euphemisms that detract attention. For example, I brought with me a sample of something that we often read in the newspapers about, a rubber bullet. The term rubber bullet conveys something soft and cozy, perhaps like a nerf ball that we throw around in the yard. But this is a rubber bullet that was given to me by a Palestinian child who was shot with it. Like most rubber bullets, it is actually a steel pellet surrounded by hard rubber. And I think if we use terms like that rather than rubber bullet, we get an idea that even in situations that don't involve life ammunition, that involve softer attempts to deal with conflict, that the damage, the physical damage, the emotional damage is quite real.

Some years ago I remember a nurse telling me in a discussion of Utopias, that when people were asked to define Utopia, most people defined it in very glorified terms, but she who had worked internationally, when her turn came, she said that Utopia was very

easy to define. It was: "no diarrhea." And I think that is something that the workers you have heard from before can relate to.

I think the last point on this question of euphemism is that it is very easy to come down very hard on the treatment of children in war zones when the treatment is being offered by our enemies. I think it's more important that we as Americans recognize when our friends and allies are part of this problem. Indeed, when our own efforts, our own activities, both military and civilian, contribute.

For example, it was mentioned before about Philippine child prostitutes. We certainly need to recognize that one of the major markets for those prostitutes are our own servicemen, and that whenever the U.S. military is projected into areas around the country, one consequence is often a significant disruption in the lives of children, including, of course, the birth of many children who are then abandoned by our own forces.

It is pretty clear, as we heard before, that as UNICEF has reported, that one trend across the decades of this century has been a shift in the balance of the ratio of casualties. In the early decades of this century it is thought that most of the casualties were male adult soldiers. Now, as was pointed out earlier, those casualties are typically women and children. And women, of course, means mothers. And if we know anything about young children it is that the greatest loss a child can suffer is not even the loss of an arm or a leg but the loss of a mother.

I think this becomes a problem because of changes in the tactics, the technology and the targets that exist in warfare efforts as set-piece conventional war has given way to wars of national liberation, wars that are designed euphemistically to apply pressure to governments which we wish to influence.

And before we look outside our borders to point accusing fingers, we ought to look within our own borders, including within the halls of this Senate, where as we know there are individuals who support some of the groups responsible for some of the pictures that we have seen today, including Renamo.

In a more academic sense, much of my interest focuses on the importance of separating the difference between acute and chronic danger. Now, we hear in the United States quite often of the situations of acute danger; for example, the Stockton shootings where a deranged gunman opens fire on a group of children. These incidents, while awful, are actually, it seems, quite amenable to therapeutic intervention. A treatment that essentially involves reassurance that things have returned back to normal proves to be quite effective in helping children overcome these events.

What I think is more serious, whether it involves massive murder or massive killing or simply low-grade conflict, is the fact that chronic danger requires children to engage in another kind of adaptation. Rather than inoculating children against long-term problems, chronic danger, chronic violence produces long-term vulnerability. This may involved on the surface what appears to be an adjustment, of numbing and pushing feelings under the surface, but there is an accumulation of risk. Standing against that accumulation of risk is the phenomenon of resilience, that there is among children a self-righting tendency, and I think you will hear

about it from children that you read about and perhaps from former victims on today's panel.

That process of self-righting in children is one of the resources we have to work with, but there are things that we as adults and people who help the adults who help children can do. Certainly one of them is to help make sure they provide an educational climate in which the processing of the child's experience is allowed to take place. If that processing does take place, children can in fact move forward in their moral development as well as their mental health. When that processing is cut off because of political threats or threats of violence, I think the natural conclusion that children draw is to develop what might be called a vendetta mentality or vendetta morality in which a simple escalation of rage is transformed into an ideology of hate.

So probably one of the things we have to focus on is adult functioning. It has been made clear, I think, for decades now in research on adults in war that when adults are able to continue functioning adequately, to remain reasonably calm, to project an image of safety for children, that children can be buffered from many of the consequences of living in war zones.

Ironically, one of the major sources of strength for adults in situations of conflict, war, and violence is ideology, a belief system that gives meaning to their experience of conflict.

I say ironically because that same ideology that gives psychological meaning and supports the mental health of adults in conflict also may serve to exacerbate and prolong the conflict because it defines the opposition in terms of demonization and dehumanization and it provides convenient labels that rationalize attacks against children. It is much easier to think about casualties to communist children or Sandinista children or Palestinian children or PLO children than it is just children. And yet we allow those labels which serve the needs of adults to interfere with the well-being of children.

I think the last point I would make in my opening comments is that I think we need to recognize that listening to children about these issues is often not easy. It's not often easy emotionally for adults, or even technically. Children know that words spoken directly without mediation may be too much to bear. The same words spoken by a teddy bear or a character in a child's doll play or in the context of a fantasy game may have enough emotional distance to protect the children from some of the feelings that lie behind those words. So that is one reason why I always bring along friends with me when I visit children. I brought one of my friends today.

I would suggest, not for the Senators but others, that simple puppets can be an easy way to make contact with children. This is a rabbit puppet who has been an awful lot of places without a passport and has been a very convenient vehicle for learning from children.

I brought some drawings as well, since we have drawings all around us, some drawings. This group happens to be from Palestinian children, who aren't represented in some of the others. I think it's pretty clear from those who have looked that children in the West Bank and the Gaza Strip have war on their minds, have conflict on their minds and ideology in their mouths and hearts as

much as any children anywhere. War has become the dominant feature of their lives, even though it is a war that by some of the standards of Mozambique and other places is kind of tame. Nonetheless, it is a major issue.

Senator DODD. Why don't you send those up? We will take a look at them up here as well.

Dr. GARBARINO. I have some drawings from children in Chicago which tell some of the same stories, that as you uncover the layers of meaning in children about where they live, eventually they reveal that tied up in American urban children often are images of violence and conflict. This is a child from a housing project in Chicago, which unfortunately has as part of its layout a street called Elm Street. And in this child's mind who has witnessed a homicide, the character from "Nightmare on Elm Street," Freddie, is tied in with what children often draw about, monsters.

But the fourth drawing in the series reveals that what is really on the child's mind are the gang-bangers who terrorize his neighborhood. And I think that these children are living in another kind of war zone for which we are directly responsible.

So if I have one recommendation to the committee, it is that as we think about legislative responses, that we certainly go ahead with the efforts that were mentioned earlier in dealing with the problems of nutrition, but I think also that we consider legislation to require a child impact analysis for all military activities conducted by our government and by our society.

This includes training of military. It includes the development and assessment of the implications of technology, the sales of weapons that are particularly dangerous to children, like mines and antipersonnel weapons, and any activity that projects U.S. military technology or personnel anywhere in the world which eventually has consequences for children.

I think if we look clearly at what we are doing, we will be in a better position to ask others to do a better job with what they are doing.

Thank you.

Senator DODD. Thank you very much for that, Doctor. We appreciate it, and we will have some questions for you in a minute.

[The prepared statement of Dr. Garbarino follows:]

PREPARED STATEMENT OF JAMES GARBARINO, PhD

Children and Youth in War Zones: Coping With the Consequences

Testimony presented by James Garbarino, PhD. Garbarino is President of the Erikson Institute for Advanced Study in Child Development, an independent graduate school and research center specializing in issues affecting the education and development of children. He has served as President of the American Psychological Association's Division on Child, Youth, and Family Services, and has received the Vincent De Francis Award from the American Humane Association and the Award for Distinguished Professional Contributions to Public Service from the American Psychological Association. Garbarino is currently directing a project at Erikson Institute seeking to develop strategies that adults can use in helping children cope with chronic danger, be it from living in war zones in other countries or in the war zones of high-crime, violent communities in the United States. Working with associates Kathleen Kostelny, Nancy Dubrow, and other colleagues, Garbarino is involved in research and program development activities in Chicago, in the Middle East, in Africa, and in Central America. This work is funded by a variety of sources, including the William T. Grant Foundation, the Harris Foundation, the Chicago Community Trust, the NYNEX Foundation, and the Johnson Foundation.

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War is no place for a child, and yet right now hundreds of thousands of children are growing up in war zones around the world. That they survive at all is testimony to their resilience and to the efforts of the adults who care for them -- parents, teachers, relatives, friends, and therapists. These adults help the children of war hold on to a small piece of childhood, and a child with no childhood at all

is a child in deep trouble. That these children must use all their energy in this way is sad.

But their story must be told. We adults who allow children to be sacrificed to war on the altar of nationalism, or patriotism, or capitalism, or communism, or racism, or any other "ism" bear a heavy burden.

For most of us, the experience of war is remote and cushioned by comforting euphemisms. Our conception of war is loaded with sanitized images associated with words like glory, struggle, patriotism, bravery, casualties, national security, defense, national liberation, enemy dead, victory, and defeat. As those who have been there tell us, however, the real essence of real war is terror, dismemberment, disfigurement, and chaos so profound you can hardly bear it. When asked, "What was it like?" one soldier replied bitterly, "It's not <u>like</u> anything. It just is."

For example, news reports of soldiers "quelling" a nationalist uprising often speak of the troops using "rubber bullets." To the uninitiated or complacent, it is easy to imagine these rubber bullets as soft and light weight, perhaps like the nurf balls we might play with in our living rooms or the rubber balls young children play with on the playground. But hold a rubber bullet in your hand and you must see and feel it for what it is, a rubber coated steel pellet. Heft it and now think of it being fired at children and hitting them in the back, or the stomach, or the back of the head, or the mouth, or the eye.

Or think of what "the body count" means to a child whose mother or father is one of those statistics. In their efforts to subdue the rebels in Afghanistan, an effort resembling in its scope the role of the United States in Vietnam, Soviet forces lost 15,000 of their own troops dead, and through their bombing obliterated more than half of Afghanistan's 30,000 villages. All in all, about 1.3 million people were killed -- most of them women and children.

Each number in the real body count represents a hole in the life of some children -- a mother, father, brother, sister, aunt, uncle, or cousin ripped away. Real war is neither the fantasy games adults play in their patriotic speeches nor the pretend games children engage in when they play war.

This is modern war as children experience it:

Afghanistan: "At first, it was just a morbid whistling overhead, the sound of an anti-personnel rocket in the dying moments of flight. Then it exploded in a shattering burst of smoke and dust. A group of children had been playing a noisy game of tag near their mud-walled homes. Now, as the smoke cleared on this bright December afternoon, there was only moaning. Near the crater dug by the rocket lay two children, a boy of 17 and his 6-year-old sister, shattered by shards of twisted steel. Around them nearly a dozen other children were strewn about, many of them grievously wounded. It took 20 minutes for any help to appear. By then, another youngster, a 4-year-old girl, had died. By dusk, three more children were dead." (Burns, 1990)

The Middle East: A ten year old Palestinian girl is on her way to buy milk to bring for her mother. While passing through the town square she is hit in the stomach by a bullet fired by a soldier firing at a group of rock throwing youth. A little Israeli girl on her way home to her West Bank settlement from a family gathering is critically injured when a rock thrown by a demonstrator smashes the window of her parents' car. A Palestinian boy is sitting in his yard with his family eating supper when a grenade explodes. He is blinded and loses both his legs and one of his arms.

Mozambique: The bandits had attacked at 4:00 in the morning, while families were still sleeping. One 12 year old boy had both his legs cut off by the bandits. A 6 year old had a piece of his head hacked away with a machete. Part of his brain had come out. The hospital had run out of gauze and so these wounds were wrapped in rags or left uncovered. Basic necessities such as gauze, food, and drinking water could not get through to the hospital because the armed bandits would attack the supply trucks on the road, killing the drivers and stealing the supplies. The bandits had placed an explosive device between the engine of a train and the passenger cars. When the explosion occurred, people jumped off the train and began to run. The bandits shot them as they ran. More than 60 people were killed. Some of the women and older children were not killed. They were to be porters, carrying things the bandits stole from the trains. The older boys would also be trained to kill. The bandits told the very young children to run away. One 3 year old child would not leave his mother. The bandits riddled him with bullets.

Southside of Chicago: An eight year old boy emerging from his school is shot in the head. The bullet was fired by a teenage gang member at another gang's leader. It misses but hits the eight year old as he walks by the scene. In another incident, a 13 year old is killed when a bullet fired by gang members comes through his apartment window and finds him sitting on the couch in the living room. About 25% of the kids have witnessed a murder by the time they are 17 years old. Nearly 100% have first hand encounters with shooting: someone is shot; bullets come through windows; people avoid going outside for fear of getting shot. And, the children in a nursery school regularly play a game called "funeral," in which children take turns being the corpse, while others re-enact the mourning of relatives, friends, and neighbors for the loss of a child to gunfire or knives.

Living in a war zone means living with danger, the chronic threat of violent assault, assault that is not a function of who you are as an individual. This differentiates living in a war zone for a child from the experience of child abuse, where violence arises in a specific interpersonal relationship. At its worst, child abuse means the relationships closest to the heart of children are turned against them. While war may be related to child abuse (being associated with a generalized increase in violence with one's own society when it goes to war against another society), it is not the same.

In a war zone, you and the ones you love are the target of assault because of group affiliation and social identity. You are in jeopardy just because you are who you are when you happen to be the wrong person in the wrong place at the wrong time.

We know that children die in war zones. A recent report by UNICEF estimates that whereas in earlier times the nature of war meant that military personnel constituted most of the casualties, in recent times that has been reversed. In today's wars, with their emphasis on "national liberation," "counter insurgency," "low intensity conflict," and "guerilla warfare," most of the direct and indirect victims of military action are children and women (and when mothers are killed their children suffer the worst loss there is). The changing technology of warfare has contributed to this trend. Anti-personnel mines, shells, and rockets, carpet bombing, automatic weapons, and the other products of modern weapons development make the carnage harder to contain, more difficult to limit to armed combatants, even if you wish to do so. Many don't.

Indeed, systematic attacks of civilians (including children) have become the norm, rather than the exception. Many if not most of the children killed in warfare today are not <u>individually</u> targeted. But deliberate attacks on civilian centers -- towns, villages, and cities -- mean death and injury to children.

Children who live through war and other forms of social crisis may adapt in ways that produce impaired development, physical damage, and emotional trauma. What is more, these children may be mis-socialized into a model of fear, violence, and hatred as a result. They may learn all too well the primal lesson of war: kill and/or be killed.

War kills children. It maims children. It injures children. But when war touches children in the early years of life the greatest single threat is often the disruption of attachment relationships that comes with warfare. Among the traumatic experiences children face during war time are the violent death of a parent or other close family member, separation from family, kidnapping, and demolition of houses. These are threats to the development of the young child separate from the direct physical and emotional effects of bombardment, beatings, and shootings.

In the West Bank's Jalazon refugee camp outside the town of Ramallah, Palestinian children play the game of 'Intifada.' The children playing the part of the Palestinian demonstrators gather stones to throw at the children playing the part of Israeli soldiers. The soldiers then charge the demonstrators, hitting them with sticks, 'firing' tear gas canisters, and shooting them with stick guns. Sometimes children really do get hurt, hit with a stone or poked with a stick. Between 1988 and 1990 in the real world in which these kids live, one in every twenty-five Palestinian children (20,000 in all) has been seriously injured in the real life 'limited war' in which they live.

The first concern of a young child is maintaining the primary relationships of life. If children can achieve this much they have a good chance of staying on track developmentally. But the child's understanding of the world is very concrete. It is *my* house, *my* parents, *my* sisters, *my* brothers, *my* grandmother, *my* grandfather, *my* aunts, *my* uncles, *my* cousins, *my* toys, *my* pets. If that much

remains intact, the child is rich in the most important ways in which a child can be rich.

Anna Freud's reports on children exposed to trauma during World War II offered some of the earliest professional accounts of this basic reality. She found that children who lived in the midst of bombardment, but who lived in the care of their own mothers or a familiar mother substitute were not psychologically devastated by war time experiences. Parents could maintain day-to-day care routines and project high morale, and thus children had a foundation of Basic Trust from which to work as they sought to cope with the stresses around them (Freud and Burlingham, 1943).

A similar theme emerges from our recent study of safety issues for children in a public housing project in Chicago which is saturated with violence (Dubrow and Garbarino, 1988). Mothers in the project identified "shooting" as their major safety concern for their children, but when they were able to utilize a variety of coping mechanisms to project a feeling of safety to the child and were able to protect their children from immediate harm children remained psychologically intact.

This is not to say that such children escaped unscathed, however. Adjusting to the challenge of living with chronic violence can be emotionally exhausting. And many children and mothers living in the world's war zones are exhausted. What is more, as children grow up they need to receive support from a wider world beyond the family. And, the eventual consequences of early traumatic loss may not be fully evident until many years have passed. Some of the children studied by Anna Freud who had lost their parents during World War II but had received compensatory care and treatment revealed significant chronic and profound problems in adulthood. Recent long term studies of the impact of divorce on children suggest a similar "sleeper effect," with life adjustment problems emerging ten or more years after the fact of family dissolution (Wallerstein, 1989). It may

take years to see the full consequences of childhood spent in a war zone. But why do some children cope better than others?

When we look at all the research that has been done in an effort to understand why some children overcome difficult life circumstances, several important themes emerge. Factors that lead to pro-social behavior and healthy adaptability in the face of stressful early experience include a series of ameliorating factors (Losel, Bliesener, and Koferl, 1989):

* actively trying to cope with stress (rather than just reacting)
* cognitive competence (at least an average level of intelligence)
* experiences of self-efficacy and a corresponding self-confidence and positive self-esteem
* temperamental characteristics that favor active coping attempts and positive relationships with others (e.g. activity, goal orientation, sociability) rather than passive withdrawal
* stable emotional relationships with at least one parent or other reference person
* an open, supportive educational climate and parental model of behavior that encourages constructive coping with problems
* social support from persons outside the family

These factors have been identified as important when the stresses involved are in the "normal" range found in the mainstream of modern industrial societies -- e.g. poverty, family conflict, childhood physical disability, and parental involvement in substance abuse. Nonetheless, they may provide a starting point for efforts to understand the special character of coping in the stressful circumstances of war and gang violence where the risk of socially maladaptive coping is high.

If we can generalize from the limited situations studied by most researchers to the realities of war, we can learn something about why some children manage to cope while others do not, why some children do more than survive, why they accept the moral challenge of living with violence and rise to the occasion. The successful children bring to the situation of war a developmental track record of competence. They bring a positive orientation to the world. They bring a supportive network of relationships. These are children who have positive momentum in their lives.

Beyond any individual strengths that come to a child with temperament and intellectual capacity at birth, the key lies in the balance of social supports from and for parents. It lies in parental capacity to buffer social stress in the lives of children and offer them a positive path to follow in dealing with that stress (Garbarino and Associates, 1982). The quality of life for young children and their reservoirs of resilience thus become a social indicator as well as a measure of personal worth. This hypothesis emerges from a wide range of research and clinical observation.

It finds validation in studies of World War II, studies reporting that the level of emotional upset displayed by adults in a child's life, not the war situation itself, was most important in predicting the child's response. Assessments of the impact of bombing raids on children in London during World War II gave rise to this hypothesis (Janis, 1951), and our observations tend to confirm it. Positive adults can help a child cope with major stress; children who live with frightened and demoralized adults may be overcome by much lower levels of stress.

This is not to say that children are invulnerable to trauma if we simply ensure that they are with their parents and everyone remains calm. Some experiences are so awful that even socially and emotionally supported children

may be pushed to and beyond their limit. One result is psychological trauma for victims, particularly children.

The emergent field of traumatic stress studies is increasingly recognizing the importance of understanding the phenomenon of Post-Traumatic Stress Disorder (PTSD) as a response to childhood trauma. This follows upon the inclusion of the PTSD as a category for official diagnosis by the American Psychiatric Association. Diagnostic criteria for Post-Traumatic Stress Disorder include re-experiencing the trauma (e.g., through recurrent dreams), numbing of responsiveness in day-to-day life, and a pattern of distorted feelings related to the traumatic experience (e.g., feeling guilty about having survived while others did not).

But what is only beginning to become clear is what happens to kids when the dangers they face are not distinct and one-time events, but rather become the fabric of their lives. This is the distinction between *acute* danger (e.g., when a deranged individual enters a normally safe school and opens fire with a rifle) and *chronic* danger (e.g., when on-going warfare makes a child's streets and school a battle ground in which even "innocent bystanders" are in jeopardy).

Acute danger requires a process of adjustment, either through changing the conditions of life or changing one's stance toward life events. Acute incidents of danger often simply require <u>situational</u> adjustment by normal children leading normal lives -- fitting the traumatic event into the child's understanding of his or her situation. The therapy of choice is reassurance: "you are safe again; things are back to normal."

This is not to deny that post-traumatic stress syndrome in children and youth exposed to acute danger may require processing over a period of months. And, if the traumatic stress is intense enough, it may leave permanent "psychic scars" particularly for children made vulnerable because of disruptions in their

primary relationships (most notably with parents). These effects include excessive sensitivity to stimuli associated with the trauma and diminished expectations for the future.

But what if there is no "post" trauma? Chronic danger imposes a requirement for <u>developmental</u> adjustment. Children may appear to "get used to it," but chronic danger is likely to produce far reaching effects upon the child. These include persistent Post Traumatic Stress Syndrome, alterations of personality, major changes in patterns of behavior and beliefs to make some sense of ongoing danger. This process is most likely to take place when that danger comes from social factors that overthrow day-to-day social reality, as happens during war or when a child's neighborhood is taken over by chronic violence, most notably civil war or insurrection.

The therapy of choice in situations of chronic danger is one which builds upon the child's primary relationships. The goal is to create a new positive reality for the child. This new reality must be able to stand up to the "natural" conclusions a severely traumatized child is likely to draw otherwise: "I'm weak and worthless." "You can't rely upon adults." and, "The only way to be safe is to escape or to get them before they get you."

For the most part, children are still "innocent bystanders" or "in training" for the front lines of violent conflict, although adolescent males are often the soldiers (both in armies and in gangs). But even when few children are actually shot, the process of adapting to the threat of violence can shape their development in many, mostly negative ways.

Children who learn to live with chronic danger due to violence do not escape unscathed. Indeed, children forced to cope with chronic danger may adapt in ways that are dysfunctional. And, children exposed to the stress of extreme violence (such as was the case in Cambodia) may reveal mental health disturbances

years after the immediate experience is over. For example, a follow up study of Cambodian children who experienced the moral and psychological devastation of the Pol Pot regime in the period 1974-1979 revealed that four years after leaving Cambodia 50% developed Post Traumatic Stress Disorder.

Children (and parents) may cope with danger by adopting a world view that may be dysfunctional in "normal" situations in which they are expected to participate -- e.g., in school. For example, their adaptive behavior in the abnormal situation of chronic crisis may be maladaptive to school success if they defend themselves by becoming hyperaggressive (which stimulates rejection at school).

What is more, some adaptations to chronic danger such as emotional withdrawal may be socially adaptive in the short run, but become a danger to the next generation, when the individual becomes a parent. This phenomenon has been observed in studies of some families of Holocaust survivors. The emotional numbing that initially helped them to cope with life in the camps, in the long run put them at risk for emotionally neglecting their own children.

Parental adaptation to dangerous environments may produce child rearing strategies that impede normal development. For example, the parent who prohibits the child from playing outside for fear of shooting incidents may be denying the child a chance to engage in exploratory play, as an undesirable side effect of protecting the child from assault.

Similarly, the fear felt by parents of children in high crime environments may show up as a very restrictive and punitive style of discipline (including physical assault). The parent may see it as an effort to protect the child from falling under the influence of negative forces in the neighborhood (e.g., gangs). Unfortunately, this approach is likely to have the result of heightening aggression on the child's part. One consequence may be difficulty in succeeding in school and other contexts that provide alternatives to the gang culture. Another may be

accepting violence as the modus operandi for social control (which in turn rationalizes the use of violence as the dominant tactic for social influence). Holding the child back from negative forces through punitive restrictiveness is generally much less successful as a strategy than dealing with emotions openly and promoting positive alternatives to the negative subculture feared by the parent.

In all of these examples, the adaptation is well intentioned, and may appear to be practically sensible. But its side effects may be detrimental in the long run. The problem, of course, is the social forces that create and sustain danger in the family's environment.

Beyond the direct effects of parents, the children may engage in a process of "identification with the aggressor" in which they seek to emulate those powerful aggressive individuals and groups in their environment which cause the danger in the first place (e.g. gangs in the public housing project or enemy soldiers under conditions of war time occupation). "If you can't beat 'em, join 'em" seems a sensible strategy for many children.

One of our major concerns is that living in chronic danger will have a negative effect on the process of moral development. One result is likely to be the sort of "vendetta mentality" and "truncated" moral reasoning found among terrorists (e.g., while 27% of 11-14 year olds in normal social environments typically respond at the fifth stage in a commonly accepted scheme for classifying moral development, almost none of the 11-14 year olds studied in Northern Ireland or Lebanon did). Most terrorists have grown up in situations of chronic violence in which an extreme political ideology seems to make sense of the world and offer a clear strategy for dealing with feelings of rage that often come from the experience of victimization, particularly among boys.

Families can do much to provide the emotional context for the necessary "processing" to make positive moral sense of danger. But it takes help from outside

the home. If school teachers and other adult representatives of the community are unwilling or unable to demonstrate and teach higher order moral reasoning or are intimidated if they try to do so, then the process of moral truncation that is "natural" to situations of violent conflict will proceed unimpeded.

In Northern Ireland, for example, both Protestant and Catholic teachers learned that if they tried to engage their students in dialogue that could promote higher order moral reasoning they would be silenced by extremist elements. American urban gangs can have the same chilling effect if their threats come to dominate the institutions of a community. The pro-social forces in a community must remain in control of the schools, churches, neighborhood clubs, etc. That may be all but impossible in some war zones.

Children will continue to cope with difficult environments and maintain reservoirs of resilience so long as parents are not pushed beyond their capacity to absorb and deflect stress from children. Once that point is exceeded, however, the development of young children deteriorates rapidly and markedly. Reservoirs of resilience become depleted. Day-to-day care breaks down, and rates of exploitation and victimization increase. And moral development itself may be compromised.

The problem of war zone violence poses a threat to kids that parallels other situations in which there is a dramatic and overwhelming destruction of the foundations of daily life. Kai Erikson's study of an Appalachian community devastated by flood speaks to what happens when a community loses faith with itself, when parents, teachers, and other adults are demoralized and powerless: "The major problem, for adults and children alike, is that the fears haunting them are prompted not only by the memory of past terrors but by a wholly realistic assessment of present dangers."

One thing which enables children to survive emotionally in the midst of war-induced trauma is ideology -- a world view that makes sense of experience in

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political, religious, and social terms. But at what cost? The same ideology that gives meaning to life in a war zone may also lead to a process of dehumanization ("the enemy does is less than human") and demonization ("the enemy are devils"). Dehumanization and demonization may prolong the conflict by reducing the possibility of compromise, and training children to seek destruction of their enemies as the path to emotional survival and personal integration.

Ideology is the public expression of a person's inner moral map of the world, a person's phenomenology, and as a world view it figures prominently in successful coping under conditions of extreme danger. Some observers point to the importance of ideological factors in sustaining the ability to function under extreme stress.

In his observations of life in Nazi concentration camps, Bethlehem (1943) noted that those who bore up best were those with intense ideological commitments (most notably the ultra-religious and the communists), commitments that offered meaning impervious to day-to-day brutalization. Among inner city Black Americans living in a racist society, and contending with crime plagued environments, fundamentalist religious groups which offer a political ideology (e.g. the Black Muslims) may serve the same function. In the Israeli-Palestinian conflict, Moslem fundamentalist groups (e.g. such as Hamas) play this role for Palestinians while extreme Zionist groups do so for Jewish Israelis.

Stress (even moral tension) is the necessary price one pays for moral sensibility in the midst of extreme conflict. American reformer Myles Horton put it this way,

"I was told one time during an educational conference that I was cruel because I made people who were very happy and contented, unhappy, and that it was wrong to upset people and stretch their imaginations and minds and to challenge them to the place where they got themselves in trouble, became maladjusted and so

on. I think that people aren't fully free until they're in a struggle for justice. And this means for everyone. It's a struggle of such importance that they are willing, if necessary, to die for it. I think that's what you have to do before you're really free. Then you've got something to live for. You don't want to die, because you've got so much you want to do. This struggle is so important that it gives a meaning to life."

Ideology is a psychological resource, and unless it refuses to accept dehumanization of the enemy, the more powerful it is as a psychological resource the more it serves to truncate moral development and even be an impediment to political settlement (and thus may prolong situations of conflict). This is an adult perspective, of course. Children can participate in ideology directly, but with the limitations imposed by their concrete intellectual orientation and their concern for first-hand relationships. What matters then is what kind of ideology appeals to the child (and is appealing to the child).

Beyond songs and slogans, ideology may motivate and rationalize active participation by children in war-related struggles. For example, children carried weapons and explosive devices on behalf of the Viet Cong's nationalist cause in Vietnam. Palestinian children and youth are in the front lines in their nationalist struggle. In Iran they have been cannon fodder. All these kids have been given an ideological rationale for their sacrifice. Even if only half understood, ideology makes sense of the world. It is the adults who offer that ideology who must be held to account for its soundness and moral sensibility.

The importance of the ideological dimension emerges repeatedly in accounts of families under extreme stress. Political and religious interpretation can play an important role in shaping the consequences of experience, particularly when held to with "fanatic" intensity, which it often must be to defend against the crushing weight of reality in a concentration camp, a prison or a refugee camp.

The fact that war danger can lead to emotional trauma, developmental impairment, and extremist, revenge-oriented ideology is not the whole story, however. Ideology need not be simplistic, extremist, and dehumanizing. A second theme in studies of the children of war emphasizes the role of social crisis in stimulating enhanced moral development.

For example, in his study of the political life of children, psychiatrist Robert Coles (1984) noted that under conditions of violent political crisis some children develop a precocious and precious moral sensibility. On the one hand we have the common sense assumption that children exposed to danger are destined for developmental difficulties: war is not good for children and other living things. On the other we have the fact that children survive such danger and may even overcome its challenges in ways that enhance development.

They may come through the challenge of facing danger with an enhanced capacity to see the world with sensitivity and moral astuteness. This can happen if adults help them process their experiences, heal their pain, and help put those painful experiences in a humanistic framework that refuses to dehumanize the enemy and instead encourages the development of empathy.

And being prepared to listen also means developing the competence to communicate with children, the technical skills to understand the direct and indirect ways children communicate their feelings and their ideas about themselves and the world they live in (c.f. Garbarino, J., Stott, F. and Faculty of the Erikson Institute. What Children Can Tell Us. San Francisco, CA: Jossey-Bass Publishers, 1989). It means understanding that words are powerful to children, and their power must be managed carefully. The same words spoken directly without mediation may be too much for a child to bear. The same words spoken by a teddy bear, or a character in a child's doll play, or in the context of a fantasy game, may have enough emotional distance to save the child from being burned by

the feelings that lie behind those words -- fear, rage, terror, utter confusion. Being prepared means being willing to wait for a child, to speak, being willing to wait for a war torn child to explain a drawing of "where you live and what it is like to live there."

Once we have prepared ourselves, and only then, are we able to hear what children have to tell us about living in and with war. And then perhaps, just perhaps, we are ready to listen to children in war zones around the world, where the fighting continues. And if we can listen we can begin to respond in ways that are helpful to children.

What must we do? Part and parcel of any effort to make the world of children and youth safer is the willingness and ability of all adults to take charge of themselves. Evidence from a variety of war zones indicates that the level of emotional upset displayed by adults in a child's life, <u>not the war situation per se</u>, was most important in predicting the child's response. Parents who remained calm and in charge, confident and positive, were able to shield their children from much emotional harm. Teachers and other adults can play the same role. At Erikson Institute in Chicago, we are devising ways to help adults help kids wrestle with the powerful emotions that come with the territory of living with chronic violence. These methods include drawing, story telling, dramatic play, and demonstrating openness to feelings, all as a strategy for helping children to "process" their experiences and feelings in a positive way. Preparing professionals and other adults to play this role must be an item high on our agenda as we develop policy, and direct our resources to meet the mental health and developmental challenges of children in war zones, whether they be overseas or here at home. This is the goal of our work, and it is a goal to which we as a society should commit ourselves.

Senator DODD. With us are two young people, still young people, who have been gracious enough to come by here today and talk about their experiences.

Let me first of all tell you how much we appreciate it. It is not an easy thing to do, and it would help us a lot, though, because with all due respect to all of our other witnesses who talk in terms of statistics and the problems we face in trying to deliver services, I think it often helps to make the case to my colleagues and to the general public if we can actually have people who have witnessed it firsthand or been part of the problem we are talking about here.

So we are grateful to both of you, Hazrat Kahn, as well as to Sharon McVeigh, for being with us.

Hazrat Kahn, as I mentioned earlier, is accompanied by Congressman Dreier, who has been of substantial assistance to him. Hazrat works one day a week in the congressman's office as an intern. They have traveled together and talked extensively about Afghanistan over the years.

I hope, Hazrat, you have had some positive influence on Congressman Dreier. He is still a Republican, I want you to know, and I hope you can convince him otherwise during your tenure along the way.

But, David, it is a pleasure to have you before the committee.

I should tell you David Dreier has been a constant participant in our meetings every year in the interparliamentary meetings with Mexico, and a tremendously positive element in those discussions. So I am teasing a bit, Hazrat, I want you to know, when I try to convince him to change parties, although I would like it if he did, I have to be honest with you. I think he is a Democrat sometimes. [Laughter.]

Hazrat, we will be delighted to hear your testimony before this committee, and we thank you for being here.

David, you want to say anything first?

Congressman DREIER. If I could make a couple of opening remarks. Thank you very much, Mr. Chairman.

First of all let me say it is a privilege to be considered, when you said "two young people," I am flattered that you included me in that one.

Senator DODD. The receding hairline is premature.

Congressman DREIER. Yes. Absolutely.

Let me say that this is obviously a very tough and emotional issue for all of us, and at the outset I would like to say that I, like you and virtually every other Member of Congress, share the euphoria that we are seeing in the developments that have taken place in the Soviet Union, especially in light of the fact that we all are overwhelmingly supportive of Mikhail Gorbachev's policies of glasnost and perestroika. But when I thought about the fact that I was going to be coming over here this morning, frankly it brought back to mind the tragic situation which I had not been thinking about for quite a while, and that is the situation of Hazrat Kahn.

As Dr. Garbarino was talking about the fact that children have tragically been the victims of war, the thing that comes to mind for me is that while throughout history children have been the victims of war, yet in Afghanistan, they unfortunately have been the targets. And many people scratch their heads and wonder why it is

that children would be the targets of the Soviets in Afghanistan. The fact of the matter is that a dead child, as we know, is buried and a child who is wounded obviously is a greater drain on the family and others who are around.

And unfortunately that situation has not come to an end. There are still to this day as many as 30 million of these butterfly bombs on the ground in Afghanistan, and they are designed not to wound an adult, but they are parts of what have maimed children like Hazrat Kahn. These are lined up in a cartridge shot off of the MI-24 Hind D attack helicopter. They land, go to the ground, and there is just enough explosives in here to blow a child's hand off.

One of the things that I have found from having worked with the courageous mujahajdin throughout the past decade is that the worst thing that could be done to them is maiming them, and this is what is happening to the children who frankly continue to be the targets.

The panel before ours was a panel of people who have been working with the United Nations, and a United Nations human rights organization representative told me just a few months ago that while he was literally on the border in northern Afghanistan, that planes, MiGs were coming in and strafing villages and wounding children at that time. This happened just 3 months ago.

So I think it can't be forgotten, and that is why I appreciate very much your holding this hearing, and it is a very moving story that Hazrat is going to tell you now, but it is victims like this that led me to over the past several years work to bring wounded mujahajdin into the United States for medical treatment, and many of them have been able to go back, and there are many, many stories that we can tell about children who have been kidnapped by the Soviets and other things.

But I am going to let Hazrat tell his story of what it is that brought him here. And needless to say, he has been a real inspiration in my office, and you're right, Chris, he has helped to straighten me out on a number of issues.

Senator DODD. Hazrat?

Mr. KAHN. Thank you very much, Congressman Dreier.

I was going to my friend's house when a Soviet MI-24 high-beam came. And when I walked out and they shot at my house and the house got blown up. So my mother was there, and my mother got killed too. But when I was walking and trying to hide there was no place actually to hide because it was flat ground, you know, and they surrounded me and shot at me and blew my leg off. And fortunately I get to walk now. But when I came to Pakistan, you have to walk in Pakistan at dark time because the Soviets will blow your away in the daytime and they can see you walking. So I walked.

I was on donkey back for days, 19 days trying to get to the hospital. When I got in the hospital, from Pakistan, Peshawar, I came to America for medical treatment, which I was in Salt Lake City, Utah. And a doctor said, "You know, you don't have much chance of surviving." But thanks to God I did survive, and my leg, after 20 operations, I am able to walk now.

But, you know, in fact I am here and I should be grateful, but we should not forget other children in Afghanistan who are struggling

and fighting, trying to get out of there and trying to get the Soviet Union out of our country.

There were many children who were kidnapped. The reason they were kidnapped is because they want their parents to have more—they want the parents to be worried about it, and they go there and they take their name and they go there and take them to the Soviet Union and tell them where is their parents so that they can go and tell their parent. And a lot, like many thousand, thousand children were kidnapped to the Soviet Union. But the Soviets say, "We are taking them to be safe," which is what I find to be a very ugly lie.

And there is another reason. You know, what Congressman Dreier said, these butterfly, they are trucks, they are watches, and all, they just drop them out and they don't want to kill the children, they just want to amputate their legs. And the reason they do that is that they don't want them to be the next generation to have to fight them. So what they do is, it's just a great target and try to blow off their leg.

Personally I know there were two kids, whose name was Jan Huzad, who picked a toy bomb, and his eye was blown out and he couldn't see no more, and his finger was blown off. And there was another kid named Muntan. He was like a four-year-old kid who picked a bomb, toy bomb, and his finger was cut off.

Senator DODD. Now, that is something that the congressman mentioned. I read that testimony and have heard about it in the past, that many of the bombs are in the shape of toys.

Mr. KAHN. Yes.

Senator DODD. What sort of toys?

Mr. KAHN. What kind of toys?

Senator DODD. Yes.

Mr. KAHN. You know, trucks, watches, pens.

Senator DODD. What was that?

Mr. KAHN. Watches, pens. The reason they drop them off is because, you know, children go, "Oh, what a pretty toy." They pick it up, and they think it's a toy. And what they don't know is it's a bomb. So they pick them up and they think it's a toy and they pick them up, and the second they pick it up they get blown up. That's the whole thing.

I think we should not—lately the Soviets have been pulling out, but I think we should not forget that the Soviets did not pull out completely, and their top advisors of the Soviet Union in Afghanistan. They are generals, and they are giving advice, you know, about what you should do, you shouldn't do this and this.

Senator DODD. How old are you, Hazrat?

Mr. KAHN. I am 13.

Senator DODD. How old were you when this happened to you?

Mr. KAHN. I was 9.

Senator DODD. You speak very good English.

Mr. KAHN. Thank you very much.

Senator DODD. Did David teach you to speak English?

Mr. KAHN. Who?

Senator DODD. The congressman.

Mr. KAHN. Oh, yes, a little bit. [Laughter.]

He teaches me pretty much. But I learned it when I was in the hospital mostly.

My experience in America, you know, when I came here and looked at the people and how they live and how we live, it's very different, especially after going from one hospital, another hospital, then I got out and going to school, you know, people are not used to seeing a kid walking like that. So, you know, they always say, "What happened? What happened?" And you know, there are some really cruel kids here, you know, who make fun of other kids like that, which I don't think they should.

But, you know, I spent some good experience and bad experience talking about Afghanistan and other experiences, and trying to deal with the problem. But I went through a lot of pain and a lot of surgery to get there. So I shouldn't complain.

Senator DODD. All right. Well, thank you very much, Hazrat, for sharing your experience with us.

Mr. KAHN. Thank you very much.

Senator DODD. We are going to have some more questions for you in a few minutes.

Senator DODD. Sharon McVeigh is now 20 years old.

We would still consider you a young lady at this point.

But Sharon grew up in Belfast. She first came to this country when she was about 12.

Is that correct, Sharon? Why don't you take that microphone from the doctor there so we can hear you. And you were a member or a participant in the Project Children's program.

Over the past 15 years, I would add, this program has brought hundreds of children from Northern Ireland every year to spend a summer with American families. That is just to get away for a short period of time from the ongoing conflict.

Sharon came to stay with the family of Maureen and Joe Wall, and Mrs. Wall is with Sharon today, from, is it Wading or Wadding River? Wading River, New York, East Long Island.

Because her family's situation in Belfast was so bad, the Wall family arranged in 1983 for Sharon and her brothers and sister, Liam, Gary, and Kelly, all to come here with the Walls as their legal guardians.

And we feel very fortunate that you are with us, and we thank you for coming down today. You are currently a student at St. Joseph's College.

We will be anxious to hear from you now, Sharon, about your experience.

Ms. MCVEIGH. Thank you. I would just like to tell you a little bit about myself and my background. I was born in Belfast, which is the capital of Northern Ireland, and I came to America through the program called Project Children, and my brother and I spent the six weeks with Maureen and Joseph Wall. Maureen and Joe learned a great deal about us and saw how we really needed a lot of help. My brother and I saw the freedom and many opportunities America offered, and we wanted to stay. So Maureen and Joe went through a long process to have us to come back and stay with them.

However, it was not only going to be me and my brother Liam but also my other brother Gary and my sister Kelly because my

father did not want us to be separated. So I have been in America since I was 13 and so I have been here about seven years.

Senator DODD. Do you have any of your brothers and sisters here with you today?

Ms. MCVEIGH. Yes.

Senator DODD. Where are they? Why don't you stand up here in the back? Let's get this whole clan, this Irish clan to stand.

Ms. MCVEIGH. Gary and Kelly.

Senator DODD. Nice to see both of you. Thank you for coming, too.

Ms. MCVEIGH. When I came to live here, I found many differences compared to my way of life in Ireland because the nights here were very quiet and there was no shooting or fighting or armored tanks patrolling the streets. There was no reason to be afraid or worry where the next bomb would hit or if your brother had been hit with a plastic bullet. Things like that happen in Belfast, not every day but often, and you never knew what is going to happen next or who will be killed or injured next. Fear of violence is always with you.

When I first came, Maureen and Joe realized how very small and thin we were for our age. The reason for this was because our diet was so very poor. There was no three balanced meals, and meat was a rarity on the table because it was too expensive. Also, many of the shops in our area were bombed out. However, candy and sweets is what we ate in large amounts. Because of our diet, my brothers are now diabetic and the doctors have said that if they had stayed in Belfast they would have become brittle diabetics and been blind by 20.

As it was, Gary and I were going blind when we came here because of neglect and poor medical treatment. Schools cannot do much for the children because many have no desire to learn. Also, there are no jobs after high school, so most kids drop out by age 16. What hope does anyone have if you're not going to have to provide for yourself because the government will. Then you are not going to work hard to educate yourself so you can possibly get a job.

Also, even if you did finish high school, many do not go on to college. Also, the employers do not employ Irish Catholics. In fact, in Diviss Flats, the huge housing development I lived in, had 90 percent unemployment. So there is no fire in the hearts of the young to become something, while here kids can become firemen, a doctor, or anything else they wish to be.

Violence is a major problem in Northern Ireland. The soldiers were sent in to help ease the tension on both sides, but they generally side with the Protestants and target the Catholic areas. The soldiers come into Catholic areas and search homes without warrants any time they please. The soldiers stand on the street corners with their big guns and the big armored tanks patrol the streets and planes with big spotlights are always looking down at night.

The soldiers are an oppression on the Catholic people, and the soldiers rile up the young men and boys, and this causes violence.

Violence will of course not solve anything, but no one trusts that anything can be different, and those of us who are victims of prejudice have no constitutional protections as you have in the United States.

Senator DODD. Excuse me, Sharon. I hate to interrupt you. I have to run over and vote and there is no one else here and the lights are about to blink off, and if I miss a vote the folks in Connecticut don't like it much. So I am going to pause here for a minute and I will come right back.

Ms. MCVEIGH. OK.

Senator DODD. All right. Just give me a minute.

I apologize to all of you. [Recess.]

Senator Kassebaum. [presiding] The hearing will resume, and my apologies, our apologies for all these disruptions. We are trying to complete, as the chairman may have already said, the Clean Air Act.

Sharon, it's my understanding that you were in the middle of your testimony, and special apologies to you. If you would please finish, we would appreciate it.

Ms. MCVEIGH. OK.

What happens to a group of people who cannot pull themselves out of the cycle and way of life that is oppressive? Some fight with violence and strong anger. Some leave if they have the money. But many just go on and fall into the life they were born into. But anger builds up inside people because there is only so much you can take. So everyone is going on with life, but always waiting for the next outburst of violence and dreaming of freedom, justice, and one Nation not divided.

Each year, when we have children from Northern Ireland come, there is no fire, only a total sense of hopelessness, and these are young children. Really what do they have to live for? Only to be oppressed with injustice and prejudice and violence. The Irish are drunks, many say. Yes, there is a lot of drinking. The main reason is that the people want to leave their troubles for a little while. What do these people have to be proud of? Every year is almost like the last; the only difference is how many people die each year to the violence.

Time seems to go slowly because there are no goals to achieve and nothing to keep going for. When I was 14 and had been living in America a little while, I wrote a poem of an instance that happened shortly before I came here, where a soldier and a child were blown up in our building by a bomb. I would like to share it with you:

"Afraid and scared. Is someone hurt? I swear I heard someone cry. I did. Was it Liam or Gary or Kelly? Oh, it was one of them. The night is quiet. Shooting. I hear the cries of pain. Was it Liam or Gary or Kelly? No, it was Marie's brother who died right there. Peace came in the morning, but the bloody battle shows its scars, for one of them is dead and so is one of ours."

Thank you.

Senator DODD. Thank you very much, Sharon. We certainly appreciate your coming and sharing your thoughts with the committee. I think that the testimony particularly of you and Hazrat Kahn show the immediate effects because you have been there and have lived through some very difficult days.

I will ask some questions after we complete the testimony.

Senator KASSEBAUM. Last but not least is Dr. Adrianne Aron, who has come from California, a child psychologist who has worked particularly with Central American children.

Dr. Aron.

Dr. ARON. I am, as you said, a clinical psychologist in California, working with Salvadoran and Guatemalan refugees who have entered the United States within the last 10 years. There are about a million such people now in the United States. You won't know that from the census because most of them will not present themselves for the census.

About perhaps a third of that refugee population is children, and these are people that have been driven from their homelands by the low-intensity warfare and the campaigns of political terrorism that specifically target civilian populations in El Salvador and Guatemala.

They have come to our country looking for a place where they can feel safe and to try to recover from the trauma of the past. Because almost none are in fact safe in the United States and almost all bear deep scars of trauma, they constitute a special and very needy population. These are not the accidental victims of war but rather are people who have been specifically targeted.

Fourteen-year-old Lilia, for instance, was a member in her high school of a current events club, and the entire group was picked up and taken to police headquarters in San Salvador, where Lilia was introduced to sexuality by hearing the screams of a 13-year-old friend in the next room being gang-raped by the police.

When Lilia was then fingered by the subcomandante to be the next victim, a boy in the group interceded and began pummeling the officer and distracted him enough so that she herself was not raped. That boy, however, some time later when they were on the street and being chased by soldiers, took her hand to help her get away so that they would not be captured again, and again for no reason. But they were now shot from behind, and while he was holding her hand, he died. He was killed.

Absolutely traumatized by these events and without any mother to comfort her because her mother had already had to flee the country and was separated from her and she had been left with an aunt, she had to go through this ordeal without the kinds of supports that we have heard today are very important to children if they are to make it through these kinds of traumatic experiences.

Orlando, who comes from one of the highland Indian peoples of Guatemala, has been through the experience of seeing his entire community as well as others in the nearby region completely decimated, destroyed, through campaigns of extermination of the highland Indians being carried out by the Guatemalan army.

He escaped alive and untouched physically, but then while in INS custody in El Centro, California, was raped by a guard. And so he has been through the experience that so many others of these children have of being retraumatized in exile.

Antonio was targeted by the Salvadoran military, together with lots of other kids at his high school. As he puts it and as many of them put it, "To be young today in El Salvador is a crime." Antonio is the sole survivor of his high school soccer team, all of the other members having been disappeared or murdered.

These kids, when they are in the United States, are still living in chronic fear. Usually they are also living with a lot of other kinds of difficulties of poverty, difficulties in school and so on, resulting from trauma. Every one of the children that I have had occasion to examine suffers from frequent, intrusive, and uncontrollable recollections of their traumatic experiences in Central America. Every one of them has lost interest to some degree in the pleasures that are the birthright of the child: trust, play, fantasy, dreams about the future. Most have lost confidence in the world, especially the adult world.

All are fearful, worried about the safety of relatives at home and exceedingly troubled by symptoms of posttraumatic stress that make them feel they are going crazy. Most of them complain, for instance, of daytime flashbacks, where they relive over and over again these terrible experiences as if they were happening at the very moment. Nor are they able to get rest when they sleep because they have recurring nightmares and relive again the traumatic instance.

All of these children are in dire need of mental health services. Because they are undocumented immigrants, they do not qualify for the excellent medical services that Hazrat and Sharon have been fortunate enough to be able to receive here in our country. They fall well within the United Nations parameters of what constitutes a refugee, but because they are not recognized as refugees in this country they are not given access to those services.

As a result, not only do they not receive services, but they have to live in constant fear of being picked up by the Immigration Service and deported back to their countries where, as they see it, certain death awaits them. They perceive the arrest by the INS as a prelude to what will be a hearing before a judge that will result in what they consider a death sentence, i.e., deportation.

In effect, their uncertain immigration status converts a posttraumatic stress disorder into an ongoing traumatic stress disorder. Usually these kids are living in extreme poverty. Their parents, of course, don't have work authorization, so any work that they do has got to be secretive and under the table. An average income for a family of four in San Francisco at this time is $334 a month. They are marginalized as the result of this, and even though services that are available to them, often they are afraid to use them. If they are mugged, they are afraid to call the police because with the police you have to give things like your name, address, and other kinds of questions might be asked. If their apartments are vandalized, and because of their poverty they tend to live in high-crime-rate area, they usually don't call the police then either. If their plumbing breaks down, they usually won't call the landlord to fix it because they don't want to make any kind of trouble for fear of being reported as a form of reprisal.

Health services are almost completely unavailable to them. There are some public clinics, but with long waiting lines. And again they have to give information like names and addresses, and that kind of information, they fear, could lead to their discovery by the INS.

For mental health services, typically nothing is done for these people, and the children are acting out in school, are seen by the

school counselors, often also by the teachers as having troubles, as having problems.

Most people do not understand the origin of it, and very few people are available to address it or try to treat it, let alone try to intervene with the school system to help people understand better. I am one of the very few people providing some kind of a service to these kids, and I do it on a pro bono basis in my spare time. I have to make a living.

They don't have any money. Very few people are able or willing to provide these services to them, and in consequence they are almost without services.

Maybe I will stop there; maybe you have some questions.

[The prepared statement of Dr. Aron follows:]

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PREPARED STATEMENT OF ADRIANNE ARON, PhD

CENTRAL AMERICAN REFUGEE CHILDREN IN THE UNITED STATES:
A MENTAL HEALTH DISASTER

Mr. Chairman, Members of the Committee, thank you for inviting me to testify on the condition of Central American refugee children living in the United States. For the past ten years, in my capacity as a clinical psychologist, I have worked extensively with Spanish-speaking immigrant and refugee populations in the San Francisco Bay Area. Increasingly, my attention has been drawn to the condition of people traumatized by the low intensity warfare and campaigns of political terror that target civilians in El Salvador and Guatemala. As their immigration status makes them ineligible for most public services, a group of mental health workers provide pro bono services to the few refugees they are able to see. I am one of those providers.

Of the estimated 100,000 Salvadorans and Guatemalans in the Bay Area, at least a third are children. These children of war represent a special and particularly needy population, not only because of what they have been through in Central America, but because the conditions of their exile make it difficult for them to recover from the trauma of the past.

Like their elders, these children have been exposed to catastrophic stressors giving rise to Post-traumatic Stress Disorder (PTSD). Researchers in San Francisco, Washington, Houston and Los Angeles have found that more than half of the Salvadoran and Guatemalan refugees in those cities suffer from PTSD. If these samples are representative --and there is no reason to think they are not--we can extrapolate the figures to conclude that there are more refugees now in the United States with PTSD than there are people with AIDS -- a sobering observation, when we consider that this condition is most often associated with experiences such as concentration camps and torture. Indeed, many of these children have been tortured; many have witnessed the torture, disappearance or massacre of their parents; many have been hunted like animals by death squads; many have seen dismembered human bodies on their way to school, or indeed, in the schoolyard itself.

The psychological problems of these children cannot be addressed solely in terms of individual psychopathology and treatment, for not only have they suffered personal psychic trauma, but their psychosocial experience has left them uncertain about such fundamental matters as whether the world can ever return to normal, whether growing up is worthwhile, whether anybody, anywhere, can be trusted. Their individual psychopathology can only be understood in the context of this psychosocial trauma, and likewise, the catastrophes that have occurred in their psychosocial experience represent not only an increase in individual mental health problems but also serious social problems that must be remedied before healing can take

Children with PTSD may regress in their behaviors to earlier developmental stages, becoming clingy and overdependent, wetting the bed, exhibiting immature social habits and impaired school performance. When we examine instances of such regression we often find disturbing social implications. David, for example, at 13 is drawing pictures that resemble those of a five year-old, producing forms recognizable as human only by their large eyes and hair on top of their heads. David, who saw his village burned to the ground by soldiers in El Salvador, draws no mouth on his person's face--a common omission in drawings by refugee children. For David, to be human is to have no voice, no say. His picture illustrates the social tragedy of disenfranchisement as well as a personal developmental setback.

The regressions in children's behaviors are not always so easily identified, for they may appear disguised as something else. Rogelio was thought at first to have epilepsy, until neurological tests proved negative. The seizures he began having at age 11 in San Francisco resemble the physical contortions he witnessed at age two, when he saw his mother, aunt and two cousins gang-raped in El Salvador. The convulsions of his body appear to both derive from and re-enact the social convulsions in his country.

In 1988 residents of Guatemala's Quiche province testified before the Inter-Church Committee on Human Rights in Latin America that "the army's pattern of raping young women has made it difficult in some communities to find women between the ages of 11 and 15 who have not been sexually abused by the army." As girls who have lived in such environments reach the developmental stage that psychologist Erik Erikson has called "Intimacy vs. Isolation," they are likely to respond as a client of mine did. She dreads the thought of a man touching her and doubts that she will ever marry. Needless to say, a people that refuses to reproduce does not survive. Under such conditions only the offenders survive, to reproduce the violent social order of which they are authors.

As well as bringing about regressions and arrests in children's development, exposure to severe trauma also leads some children to self-destructive acts. Doubting that the future can ever surmount the horror of the past, they give up, turning to drugs, anti-social activities, or even suicide. Depression forms the centerpiece of their clinical picture. Pedro found that marijuana helped him sleep through the night, allowing him to avoid the recurring nightmare of watching Oscar, the idol of his early childhood, bleed to death on the street after government troops slit his throat in San Salvador. But to secure marijuana he had to violate the law, and when he was arrested in California he was treated like a common criminal by the juvenile authorities.

Gloria is only 12 1/2; she tried to commit suicide last week, because she hates being in the United States and feels the war that forced her into exile will never end and will keep her from ever returning to El Salvador. Seven years ago, with the death squads at her heels, Gloria's mother had to flee El Salvador, leaving Gloria in the care of her grandmother. Two days

later a bomb destroyed the house next door; it had been meant for Gloria's house, but missed. For six years Gloria lived amid the terror generated by the low-intensity warfare, experiencing a number of severe stressors while also experiencing the sorrows of separation from her only parent. The reunification with her mother was not enough; she yearns for a reunification with her country, feeling that only if there is peace will life be worth living.

A good sign for Gloria's mental health is that her mother, who understands what it means to go through such horror, is able to listen to her accounts of what she has experienced and to try to give her heart. Miguel, at 8, was not so lucky. His mother had left El Salvador to seek a brighter future after she divorced; hers was a planned departure, begun with an application for a visa and motivated by economic, not political concerns. While she was gone, however, the conflict engulfed their part of the country, and during their separation little Miguel had the horrific experience of seeing his baby cousin cut in two by the knives of government soldiers, who also invaded his third grade classroom and riddled the wall with bullets from their machine-guns.

Once Miguel's mother was able to send for him to join her in Oakland, she could not bear to listen to his compulsive retellings of what he had seen. His pain and her own guilt for having left him behind were too much for her. She had the wisdom to seek help, and in therapy, where he was encouraged to tell, draw, act out, remember all that happened, while his mother learned to listen and support him in his anguish, he was able to regain trust, both in his mother and in the world; he came to believe the world could be normal again. He decided when he grew up he would be a doctor--to help people.

When compounded by trauma, these long separations of parents from children -- very common in the Salvadoran and Guatemalan refugee communities -- do not finish when the physical distance is closed. Lilia, who arrived in the Bay Area last year after a four year separation from her mother, displays all but one of the many symptoms that make up the PTSD syndrome. Last year, when she was 14 and still in San Salvador, she was traumatized by the screams of her 13 year-old girlfriend being gang-raped in the next room at police headquarters, were they were in detention on suspicion of being subversives because they belonged to a current events study group. The boy who saved Lilia from being the rapists' next victim was later shot dead while helping her escape from soldiers who were chasing them on the street. She was devastated again. Now, although reunited with her mother, she will not speak about what happened to her. She has never told her story to her mother. Nor was she able to trust the therapeutic process enough to stick with it. Lilia, who had been an "A" student in El Salvador before her first detention, dropped out of therapy and last semester got "F's" in all her high school classes in San Francisco. The world has turned upside down on Lilia: the police who were supposed to protect her had tried to rape her, her friend was punished by death for trying to help her, her mother had left her with an uncaring aunt, and to survive she had to move to a cold, unfeeling land where nobody spoke her language and the papers described her country as a democracy. Why should

she trust anyone? The psychosocial trauma of her life could not be undone by even the most sympathetic therapist.

When it is the parents who have suffered the worst trauma, it is still the children who lose, because poorly functioning parents are not available to their children emotionally and cannot help them understand and confront the world. Often the parents try to shield the children from what they themselves have suffered and avoid talking about it. This strategy tends to add to the "second generation effects," leaving the children to fill in the blanks, sometimes with bizarre entries. Two children of a mother whose brothers had been disappeared and of a father who had been detained and tortured in El Salvador, believed that the reason their mother cried so much was that their father was beating her. Not until they confronted their father did these children learn their parents' story and realize that the violence they so perceptively sniffed out was outside the family, not in it.

Roberto, whose father was tortured and suffers from PTSD finds his father irritable, inaccessible, and hard to communicate with. In some measure this has to do with the psychological sequelae of what his father suffered, in some measure with the partial deafness that resulted from blows to the ears inflicted by the torturers. Roberto does not confront his father; he acts out in school; this too can be understood as a "second generation effect." But the teachers do not understand why Roberto is such a troublemaker; they count on the family to set things aright so that children will behave better in school. Children whose parents have been tortured know there is more to be set aright than their comportment, but as their elders are not effective in straightening out those other problems, why should a kid have to put out effort to correct these trivial schoolroom problems?

Children who were tortured with their parents or used as a instrument in their parents' torture, suffer from guilt over needing to be cared for by their parents, recognizing that their parents, too, need caring for. This is observable in a Salvadoran family now living in Berkeley. In 1982-83, years of heavy death-squad activity, this family witnessed civilians, including children, being machine-gunned by soldiers in helicopters. They saw bombs dropped on people's homes, and they experienced the loss of friends and relatives, as well as the loss of their own home, which was burned to the ground. They were forcibly relocated. "The hardest memory of all, though," Sarita reports, "is what they did to my father." By that she means the time her father was tortured. She does not mention that she and her sister were tortured at that same time.

With the family's affirmative application for political asylum pending, Sarita's father is able to work and she and her siblings are going to school. There are certain things she cannot do with her North American teenage friends, though, because she is too highly symptomatic. She can't relax when they go out together in cars, for instance, because she continues to have uncontrollable and profoundly disturbing reactions to grey microbuses with polarized glass windshields--vehicles resembling the one into which she, her sister and father were pushed, one by one when they

were taken away to be tortured. When she sees such cars she feels as if she will faint. Her heart begins pounding, with palpitations that last one, sometimes two, hours. Once, after seeing such a vehicle, she recalls, it took her all morning to regain her composure.

These are only a few of the ways that Sarita's life has been affected by the war in her country and her adjustment determined by the exigencies of forced relocation. During her childhood she was twice uprooted, during her adolescence she was tortured, and uprooted again. With so much loss and change and grief, as she nears adulthood will she be able to envisage a world of stability that can make sense to her and offer her sustenance for a future?

Sarita, at least, has her family. Orlando, who is only 14 came alone from Guatemala, to escape forcible recruitment into the military service that had killed his relatives. When he was raped by a guard while in INS detention in El Centro, California, there was no one to comfort him. Living now in a church-sponsored group home for refugees, he continues to blame himself for his victimization. Diego, another unaccompanied minor from Guatemala, learned Spanish in El Centro. Prior to his flight to the United States he spoke only the language of his highland Indian people, a language threatened with extinction by the counter-insurgency program that has exterminated whole communities of highland Indians. A sympathetic North American woman bonded him out of INS detention and gave him a room in her house. Well meaning but uncomprehending, she cannot understand why he hardly ever comes out of his room. Antonio, an unaccompanied minor from El Salvador lives alone in rented room in a cheap hotel. He, too, seldom comes out. He is the sole surviving member of his high school soccer team, all the others having been disappeared or killed by government soldiers. These are children for whom the state-sponsored violence at home has meant a loss of both country and family.

Every one of the children I have described here suffers from frequent, intrusive and uncontrollable recollections of their traumatic experiences in Central America. Every one of them has lost interest to some degree in pleasures that are the birthright of the child: trust, play, fantasy, dreams of the future. Most have lost confidence in the world, especially the adult world. All are fearful, worried about the safety of relatives and friends at home, and exceedingly troubled by symptoms of post-traumatic stress that make them feel they are going crazy. Their sleep is disturbed by nightmares and dreams of the traumatic past. If they lie awake unable to sleep they commonly see images of people dying or other horrors burned in their memories. On the other hand, when they try to remember things connected to the trauma--the names of the victims, where and when an event occurred--they often cannot recall the very things that come unannounced to disturb their sleeping and waking hours. Most complain of daytime flash-backs of the traumatic experiences they have endured, when without warning they suddenly feel they are re-living the whole experience again.

All of these children are in dire need of mental health services. With the exception of Sarita and Miguel none are eligible for such services in California. Miguel's mother is employed and able to pay for medical

care. Sarita's father obtained work authorization when he applied for political asylum. But all these other children, like the vast majority of the million Salvadorans and Guatemalans in the United States, have neither the money nor the right to receive medical services.

Because they are undocumented immigrants they do not qualify for the excellent services available at institutions like San Francisco's Refugee Clinic, for although they fall well within the United Nations definition of a refugee, the United States does not recognize them as refugees. They live, therefore, in fear of being discovered by the Immigration and Naturalization Service and deported to their homelands, which they believe is a death sentence. Thus, on top of the fears they bring with them and continue to experience during their wakeful and sleeping hours, are fears deriving from the clear and present danger of discovery by the INS. This has the effect of marginalizing them socially and economically, further impeding families' abilities to provide for their children's well being.

Most of these hidden refugees, who will not be picked up by the Census unless they are first picked up by the INS, do not apply for political asylum until they are arrested for having entered the country illegally. Discovery by the INS is itself a traumatic circumstance, exacerbating symptoms and fears already present and throwing families into panic. These hidden refugees are loath to present themselves voluntarily to apply for asylum, because, knowing the expected outcome, they feel they are better off hiding out and taking their chances. To qualify, they would have to prove a well-founded fear of being persecuted if they returned to their country of origin, and immigration judges have denied asylum in 97% of the Salvadoran, and 99% of the Guatemalan cases they have heard, on the grounds that people from these countries have no reason to fear persecution. In effect, their uncertain immigration status converts a post-traumatic stress disorder into an ongoing traumatic stress disorder.

For any individual who has been traumatized by catastrophic events such as those described here as affecting children exposed to low-intensity warfare, the sine qua non of a successful recovery is a safe environment. Before any of these children will be able to recover from the traumas of the past and the difficulties deriving from them that obtain in their present lives, they must have a truly safe environment, without threat of attack or renewed violence. They need the careful attentions of adults who can help them regain faith in the possibility of tenderness and love in human relationships, and help them work through their grief. They also need the freedom to develop the ideals that political repression would not let grow, the aspirations that war made impossible, the hope that was dashed by so much loss and change. In short, they need a voice, so that they can stop drawing human faces without mouths, and they need a world set back on its feet so that they can stop feeling guilty for the murder of their friends, the torture of their parents, or their own victimization by rapists. They need therapy, of course, to help them discover what they want to say once they have a voice, and how they want to be once they have a chance to be. For that, they need access to services, and they need the adults who shaped the horror of the world they came out of to begin shaping a world they can dare to step into. They need what the slain Salvadoran

psychologist Ignacio Martin-Baro called a "social reparation" -- restitution for the massive psychosocial damage they have suffered in their countries.

If we are willing to give these children a voice, we must be prepared to listen to what they have to tell us. In preparation for this talk to you today, I asked little Gloria, the 12 year-old who tried to commit suicide last week, if there was something she wanted to tell the Senate of the United States. "Tell them," she said, "to stop sending arms to El Salvador and stop the killing of my people, because I want to go home. I don't want to be a stranger in this country, and it's their fault that I and so many other people are refugees here."

Esta es la situación de nuestro
país los de la fuersas armadas nos
estan asesinando a todos nuestros
hermanos asesinan todos por igual
nos asesinan niños mujeres y
ancianos.

"This is the situation in our country. The people in the armed forces are killing all our brothers. They murder everyone equally, they kill us all, children, women, and old people."

from Fire From the Sky, Salvadoran Children's Drawings, ed. W. Vornberger, Writers & Readers Publishing Corp., New York, 1986

Asi cosinavan a nuestros campesinos
matavan alas mujeres en embarazadas
quemavan alos niños y los avione.
borvandiavan las casas y las fuerzas
asmada quemavan las casas y los
niños los matavan abalaso aguan-
tando anbre ceguilla por los monte
los niños yoravan por la comida
porque no los dejavan yegar alas
casas los dejaron sin casa

from Fire From the Sky, Salvadoran Children's Drawings, ed. W. Vornberger, Writers & Readers Publishing Corp., New York, 1986

"This is how they killed our campesinos. They killed the pregnant women and they burned the children and the planes bombed the houses and the armed forces burned the houses and they shot the children. Suffering from hunger they fled to the mountains and the children were crying for food because they didn't let them go home. They left them homeless."

Senator KASSEBAUM. Thank you very much, Dr. Aron.

I might start with you, since you finished last. I was struck when you mentioned the young girl who witnessed a friend being raped and then the young man killed, and her mother had already left the country and, I assume, was in this country. Was she reunited with her mother?

Dr. ARON. She is now reunited with her mother in an adjustment process that is extremely difficult. And this is a very typical scenario for these kids. Sometimes the kids are sent out in advance because the child has been targeted. Other times the parent has to leave. In this case, the mother had a very clear note from the death squads in El Salvador and had to leave immediately.

Right after she left, the house was bombed because they believed that she was still there. However, it missed, and it hit the house next door. So the child, having just lost her mother, now had to deal with the carnage in the house next door.

Senator KASSEBAUM. Dr. Garbarino, I think in your testimony you mentioned the importance of the family, did you not, and stressed that, some sort of structure there was the ideal in trying to help with adjustment.

What sort of ties do you see in all the different circumstances, that have been represented this morning, and also, what are some major differences. Almost each situation perhaps has to be viewed in its own light in the country and the culture and the circumstances.

Dr. GARBARINO. Well, I think there certainly are differences. And you point out, there are cultural differences. But I think there are also a lot of similarities that since children are very concrete, that for children the meaning of life is very closely tied to the very near environment that they are part of. The availability of their parents or someone who can play that role, the integrity of their homes. Attacks on homes often have repercussions in the mental health of children because it's a very concrete expression of their identity.

So I think there are common elements across many of these situations, and one of the things that is beginning to happen as the network of professionals around the world try to develop some expertise, I think we will see in the coming years a kind of growing expertise about what are the common elements and what does it take to prepare adults to help children cope with that.

That has been a long time coming, but I think it is on the horizon, particularly if it is a movement that is nurtured and supported both by the professional organizations, the Psychological Association, psychiatric social work, nursing and so on, as well as by philanthropic and government institutions both at the national and international level.

Senator KASSEBAUM. In this particular case, in El Salvador, just as a for-instance, should there have been some way to help the daughter go when the mother left?

Dr. ARON. We are talking about a situation where an entire family system is in a panic. We are talking about very poor people most of the time.

Senator KASSEBAUM. Well, but the mother did find a way to leave. And I guess in that circumstance, I would wonder whether

she had assistance in leaving and whether the family should have tried to be together as a unit?

Dr. ARON. Ideally the families would love to be together as a unit, but what has happened over and over again in thousands of cases has been the necessity because of the lack of preparation. They don't have time to gather enough money even if they know people who would have those resources, to pay for often more than one person. When the children are sent out, typically they are sent with an older child or with an aunt or an uncle or somebody. But when the parents have to leave, usually it's a terrible struggle within the family to decide that the parent must leave, and it's the family, the last decision the family takes as a whole is to split up. That is a unified decision that they are forced to make in order to preserve the family, i.e., to keep its members alive.

So you send out the person who is at greatest risk, the one who has already received the death threat, who then fears once they're here that there will be reprisals against people at home, which is one of the reasons that they are reluctant to speak.

From what I have heard, there was an effort to bring a Central American child to speak today at this hearing, but it was too dangerous because the entire Salvadoran community fears that if they come forward any place in this country, that will be learned about by the officials in their country who will take reprisals against their family.

So the only way the family is able to preserve itself is through separation and silence. It is a great tragedy, but that is their reality.

Senator KASSEBAUM. Sharon, let me ask you if you were still in Ireland today, still in Belfast, what would have happened to you? Would you have been able to complete schooling? What kind of situation do you think would exist?

Ms. MCVEIGH. I would have dropped out by age of 16. But when I was there, I didn't go, and no one called or, you know, would come to your house and say you've got to go to school. And so I never went, and that's why I was so far behind when I did come here. So I wasn't already going to school while I was there, and there is no need to go to school, because you weren't going to get a job anyway because of your parents and your relatives, and as I said, the unemployment rate where I lived in my development was 90 percent unemployment. So there is no hope of ever being anything because you could go on welfare, and that's the way everyone lives. And you got married young and you have families young, and it's just like a cycle that keeps going on and on. So I would have fallen into that and just been another number in welfare.

Senator KASSEBAUM. What do you see, as you look back from where you are now, that would be the most beneficial focus that could be given to this problem? That may be too big a question in the totality of it; but I would like to ask Hazrat that as well. It's not just a question of money, for instance, in the situation that exists in Ireland. It's more, I suppose, recognizing the toll that the conflict has taken on children and families, but which is a little different from what we can do to assist with refugees.

On the other hand, is there something from your experience and from your view now, that you feel that people around the world

maybe could understand or could be of greater help in assisting children?

Ms. MCVEIGH. The most basic problem there is the job discrimination because, you know, if children don't have a future, you know, they fall into the violence and that's all, that's their entertainment as young children, and they're not going to go to school because there's no reason to because you're not going to get anything from it.

And so the basic problem is job discrimination, and so somehow this could help; then there could be some way.

Senator KASSEBAUM. Well, I think that's a good point that could be applied everywhere, about not being able to have education and not seeing any hope for the future.

Hazrat, would you have anything to add to that?

Mr. KAHN. Well, you know, all the schools are destroyed in Afghanistan, so I would not have gone to school. But probably if I was better at this age now, if I was better and didn't get hurt, then by now I would probably be fighting or helping the mujahajdin.

Senator KASSEBAUM. I think Sharon made an all-too-true statement that the fighting becomes the entertainment and the way of life when there is nothing else. But there are no schools there now?

Mr. KAHN. No, there are no schools. They have all been bombed and the teachers have got killed. And so the only way to get school is to go to mosque. And that's about probably one hour; you know, they just teach you the Holy Koran. No real school.

Senator KASSEBAUM. Regarding, say, Central America, where we are looking at a significant aid package, the supplemental of $800 million for Panama and Nicaragua. Is there anything that you would suggest, either Dr. Aron or Dr. Garbarino, that in that package could be targeted for children that would be particularly beneficial?

Dr. ARON. Speaking for refugee children, I think so. If there is money going to Nicaragua, there are many, many Salvadoran refugees in Nicaragua who are protected by the United Nations. They are given status as refugees. So in spite of a change in government, they need not be concerned that they will be affected. And so the kinds of services that children need here in terms of a safe environment, people to look after their needs, people to help them organize, talk groups to work through some of the things of the past and so on.

Certainly within Nicaragua it would be very beneficial that some of the aid be directed specifically at refugee children from El Salvador and also children who have been displaced by the contra war in Nicaragua and who are themselves suffering from the same kinds of things that we are describing here.

Senator KASSEBAUM. Aren't there more, I thought, El Salvadoran refugees in Honduras than in Nicaragua?

Dr. ARON. You hadn't mentioned Honduras as part of the package. But that certainly is true.

Senator KASSEBAUM. No, but I thought that there were more refugees there. I did not realize, as a matter of fact, that there were a significant number of refugees in Nicaragua.

Dr. ARON. Nicaragua was there country of choice.

Senator KASSEBAUM. Why would they come to Nicaragua?

Dr. ARON. They went to Nicaragua because they were fleeing political persecution in El Salvador, and the Nicaraguan government was sympathetic to their pain.

Dr. GARBARINO. I think I am off to Nicaragua later this week and maybe could give you a better answer in a week or two. But I think pretty clearly there is going to be a need, assuming we deal with the problem of generating peace and stop generating the warfare, there is a need to rebuild, or in some cases to build for the first time, the infrastructure of adults who know how to care for children in general and particularly for children who have had very difficult experiences.

We hardly have that infrastructure in our own inner cities let alone in countries which don't have the same professional and paraprofessional ranks which we do. Some of the work that we have been doing in Chicago with Head Start providers who work in high-crime, high-violence inner-city neighborhoods suggests that they have only a glimmer of how to proceed with children who come in with terrifying experiences. But I think that is one thing we could do is to try to build a network of people who have some idea of what to do for these children, who have a grounding in child development so that they are capable of responding and identifying the situations.

I think it is part of our obligation to help heal some of the wounds that we have helped inflict. I know years ago in one State one way they dealt with child abuse prevention was to put into legislation that every dollar spent on prisons had to be accompanied by 10 cents for child abuse prevention because they recognized the linkage of those problems. Perhaps some such formula of our own with respect to supporting military activity and rebuilding the lives of children would be a small token step.

Senator KASSEBAUM. Thank you very much.

Senator Dodd--he regretted he was not able to get back—but we both and other Senators who have been here greatly appreciate the testimony of this panel and the other panels. I think it has been a very important hearing, a very informative hearing, and we greatly appreciate the participation of everyone.

Thank you very much.

Mr. HAZRAT. I would just like to say something.

Senator KASSEBAUM. Yes, Hazrat?

Mr. KAHN. I just want to say that please keep hoping and don't forget to help our people and send them military aid and also humanitarian aid as well. Thank you very much for all your support.

Senator KASSEBAUM. Thank you.

[Additional statements and material submitted for the record follow:]

PREPRARED STATEMENT OF MAURICE FLAGG, VOLUNTEER CONSULTANT AMERICAN RED CROSS

Mr. Chairman and Members, I am Maurice Flagg, appearing here for the American Red Cross. I am a retired staff member of the organization after 38 years in many national and international assignments, and now serve as a volunteer consultant in the organization's International Services office.

I come before you today to speak briefly about an aspect of children of war that is usually mentioned in gatherings like this, but is little dwelt on because so little about it is known in any depth. The children who happen to get innocently or inadvertantly in the way of war and are hurt, maimed or dislocated by it--the best known child war victims--deserve every bit of the concern that is expressed for them. But there are also the other child victims of war--those who become actual participants in warfare operations. We in the Red Cross, as governments' associate in the fostering and application of the Geneva Conventions, care deeply about both.

No one has any idea how many children are enlisted in war and civil conflict operations around the world. But we know from all kinds of sources--especially the experience of humanitarian agencies who work in conflict areas, the stories of news

reporters, the pictures of news photographers--that they are many. War has always been an old mens' tool and a young mens' task; but more than ever in these times of civil uprising and intranational conflict it is made a child's crusade. You have all, I'm sure, seen pictures and read reports of the Intifada young people in the Gaza Strip and the West Bank, of the young mobs who rove South Africa's locations and "necklace" those they think aid the enemy, the teenaged soldiers of Iran and Iraq, the young warriors of revolution in El Salvador, Nicaragua, Peru, Lebanon, Sri Lanka, Afghanistan, Cambodia, to name some of the more notable fields on which young people fight.

Nor do we know much other than occasional horror stories about what these young people think and feel, for the perfectly good reason that their company is both hard to arrange and dangerous. Their companions know them best, but we will not find out from these witnesses what was in their hearts, what participation at a young age in the emptiness of hate and killing and maiming did to them until some time in the future when some survivor among their numbers will write books and produce films and videos about those long-ago days of youthful soldiering. That's too long to wait.

We can guess some will emerge from their glory days more or less intact--it's always amazing how many do. Others will be made bullies and murderers, as some have already been made

terrorists. Many will die or be maimed for life--to live wasted lives sitting in a yard or around a town square or locked away in the vacant days of an institution. Some will be haunted for life by the horrors they saw. Some will come out of it apparently quite normal, but with deep psychic hurts, loyalties, aversions and warinesses that will direct them, perhaps all unconsciously, in whatever part they play in the future of their communities and nations.

We need to find out in some systematic way what it means in a person's heart and mind to have been a hater and a killer at a young age. Does it cheapen life in one's eyes? Does it make everything afterward anticlimax? Does it blunt the senses to beauty, hope, love?

Most especially, we need, as supporters and welcomers of the U.N. Convention on the Child, which we hope the Members of the Senate will soon have the opportunity and the wisdom to ratify, to move further toward the effective end of the involvement of children in warfare operations, as a matter of simple love and care for those who will pick up and operate the future after us.

The American Red Cross and the Soviet Red Cross have had preliminary discussions on a joint venture to this end. It is our hope to be able to bring before an International Red Cross Conference before this century's end a resolution that calls on

the world's governments and peoples to vow and enforce the exclusion of children from the world's killing fields. We hope to develop for that resolution the support of the world's now 149 national Red Cross and Red Crescent societies and the some 160 nations that are signatory to the Geneva Conventions. We wanted you to know of this initiative that we will be working on as a further realization of the principles and goals of the Geneva Conventions and the Convention on the Child. Thank you.

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That concludes the hearing today.

[Whereupon, at 12:37 p.m., the subcommittee was adjourned.]

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